

Name
in
Full

Doratha Acre

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Downs Station</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	1907	Month	8	Day	25
Age		2		Years	2
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Birth-place	<i>New York</i>		City		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Curtis Acre</i>		
Mother's Maiden Name			<i>Replie Matthews</i>		
Name of person giving information			<i>Curtis Acre</i>		
Father's Birthplace			<i>Ind.</i>		
Mother's Birthplace			<i>Ind.</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>Three weeks</i>
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Rahby Hackett M.D.</i>	
		Address	
		<i>Queen Anne</i>	
		<i>Ind.</i>	
Accident or Suicide?			

Thomas Town

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Drum* Town*Carroll* County

Date of death 1907

Month 8

Day 15

Age

Years

Months 2

Days 15

Sex *male*Color or
Race*Black*Birth
place*Drum*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*George Lewis*Father's
Birthplace*Drum*Mother's
Maiden Name*Hattie B. Smith*Mother's
Birthplace*Drum*Name of person giving
Information*Hattie B. Smith*How related
to deceased*Mother*

CAUSES OF DEATH

105

Primary

Acute Infarction

How long

2 weeks

Immediate

Explosion

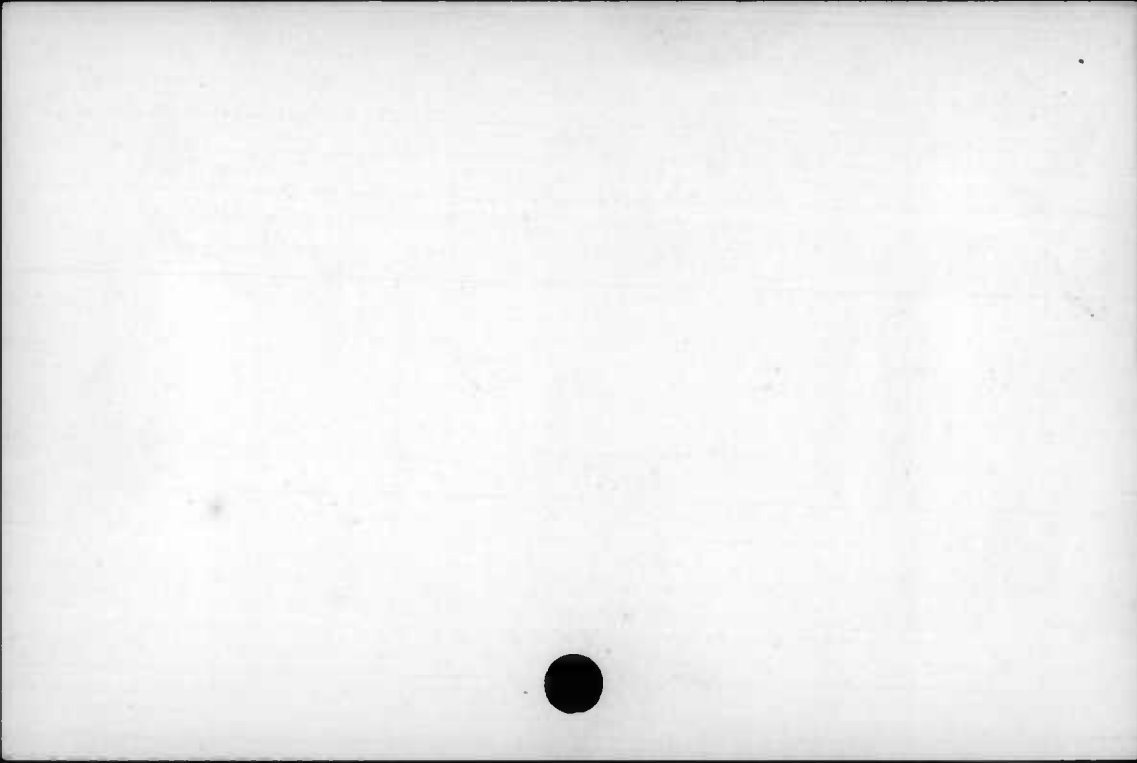
How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*J. M. Miller*

Address

Drum Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

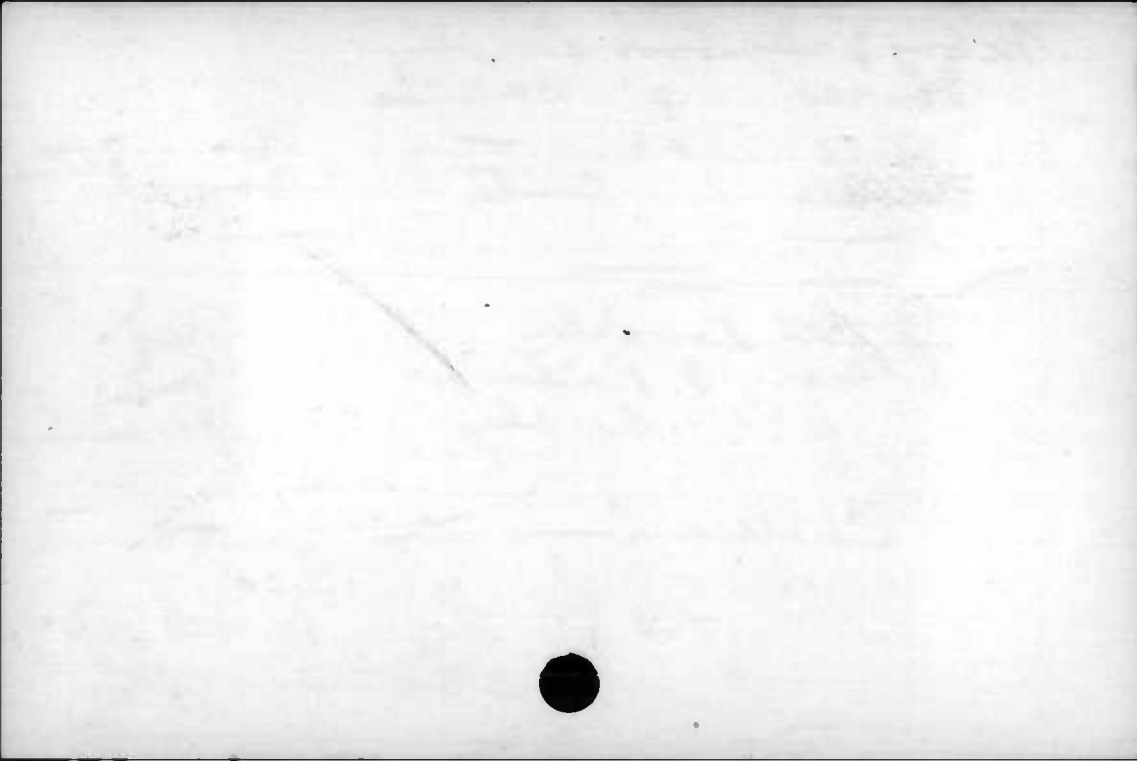
Name in Full <i>John J. Barnes</i>		Town <i>Dublin</i>		County <i>Caroline</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1907</i>		<i>67</i>		<i>8</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Virginia</i>		Days	
Occupation <i>Blacksmith</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah G. Barnes</i>					
Father's Name <i>Henry Barnes</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Agnes Turner</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>Sarah Barnes</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>3 months</i>
Immediate <i>Heart Failure</i>	How long <i>moder</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Nichols M.D.</i>
	Address <i>Dublin Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Mary Valentine Bordley
 Died at *Dourees* Town *Caroline* County

Date of death *1907* Month *8* Day *28* Age *—* Years Months *6* Days

Sex *Female* Color or Race *white* Birth-place *Dourees* Station *Station*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *J. W. Bordley* Father's Birthplace *Ind.*

Mother's Maiden Name *Mary S. Ruitman* Mother's Birthplace *Ind.*

Name of person giving information *J. W. Bordley* How related to deceased *Hoston*

CAUSES OF DEATH

105

Primary *Cholera Infantum* How long *about 4 months*

Immediate *..* Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Robert Hackett Ind.* Address *Dourees*

Accident or Suicide? *—*

Hillsboro

Name
in
Full

No Name - Brown -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near <u>Greensted</u>		County <u>Caroline</u>		MARYLAND	
Date of death	1907	Month	Aug	Day	29
Age	Years		Months		Days
Sex	female	Color or Race	Black		Birth place
Occupation	Infant		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Wm Brown -			Father's Birthplace	Kent m D.
Mother's Maiden Name	Annie Morris -			Mother's Birthplace	Falbrk. "
Name of person giving information	Father			How related to deceased	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONERPrimary Supposed Jaundice -Immediate no physician -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Wm Brummell -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

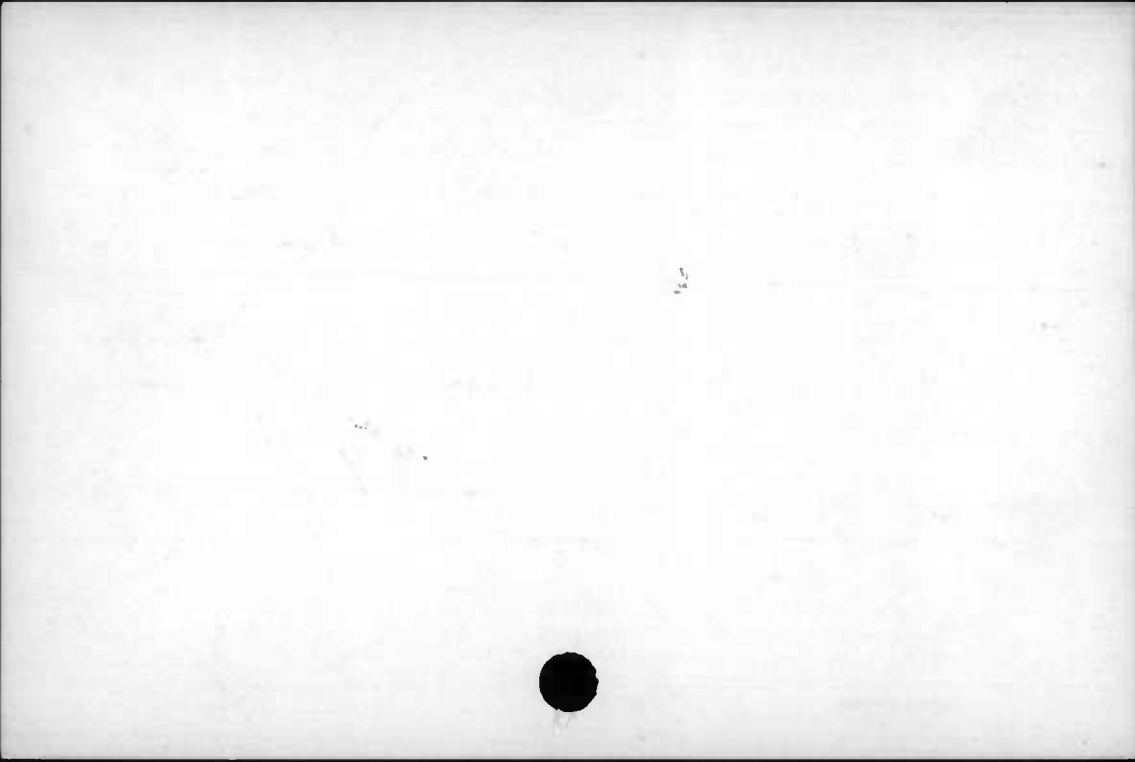
Died at <i>near Goldsboro</i>		Town <i>Goldsboro</i>		County <i>Beaufort</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>12</i>	Age <i>65</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Margaret Hawkins</i>						
Father's Name <i>Geo Bohanan</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Margaret Jackson</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Robt Hawkins</i>	How related to deceased <i>Step son</i>						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Disease of Heart</i>	How long <i>One year</i>
Immediate <i>Drowning</i>	How long <i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. M. Belton M.D.</i>
	Address <i>Guinnboro</i>
	<i>Maryland</i>
Accident or Suicide?	



Name
in
Full

Arthur Lee Bullock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Newton ^{Town} Caroline ^{County} MARYLAND

Date of death 1907 ^{Month} 8 ^{Day} 12 ^{Age} 1 ^{Years} 1 ^{Months} 1 ^{Days} 1

Sex Male Color or Race White Birth-place Ind

Occupation None Where Residing if not at place of death Same

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Chas. A. Bullock Father's Birthplace Ind

Mother's Maiden Name Jennie M. Honora Mother's Birthplace Ind

Name of person giving information C. L. Bullock How related to deceased Father

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary Whooping Cough How long Three Weeks

Immediate Meningitis How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician P. R. Fisher

Address Newton

Accident or Suicide? — Ind



Name
In
Full

Eva C. Butler

CERTIFICATE OF DEATH

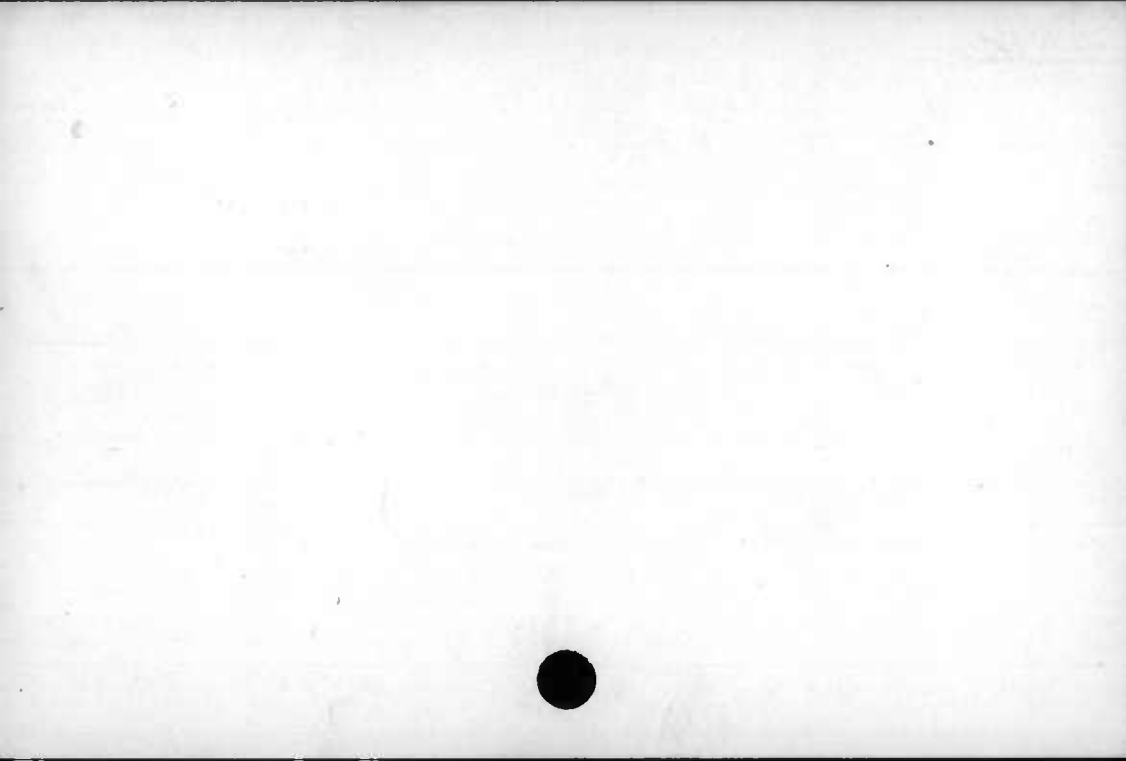
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Mar 7</i>		Town <i>Hillsboro</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>8</i>	Day <i>3</i>	Age <i>7</i>	Years	Months	Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Md.</i>				
Occupation <i>School-girl</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas. E. Butler</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Charallot Ann Gross</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Chas. Butler</i>		How related to deceased <i>Father.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>12 weeks</i>
Immediate <i>Pulmonary tuberculosis</i>	How long <i>6 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yo</i>	Signature of Physician <i>E. M. B. Roney, M.D.</i>
	Address <i>Hillsboro, Md.</i>
Accident or Suicide? <i>No.</i>	



John M. Clayton

CERTIFICATE OF DEATH

Died at *near Tunpliville* ^{Town} *Caroline* ^{County}

MARYLAND

Date of death *1907* ^{Month} *8* ^{Day} *6* ^{Years} *65* ^{Months} *-* ^{Days} *-*

Sex *Male* Color or Race *Black* Birth-place *Mo-*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Clayton*

Father's Name *Dont know* ✓ Father's Birthplace *Dont know*

Mother's Maiden Name *Dont know* Mother's Birthplace *Dont know*

Name of person giving information *James Clayton* How related to deceased *Son -*

CAUSES OF DEATH

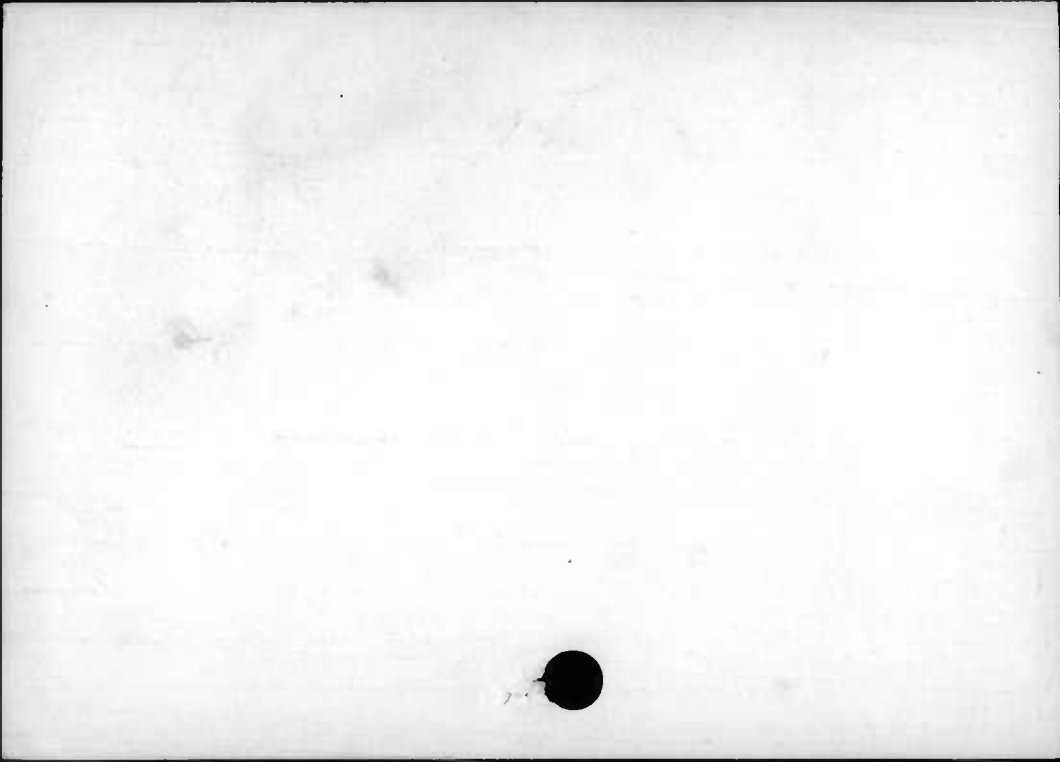
79

Primary *Valvular Heart Disease* How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. R. Smith M.D.* Address *Tunpliville Md.*

Accident or Suicide?



Name
in
Full

Margaretta Clayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hillsboro

Town

Carroll

County

MARYLAND

Date of death 1907 Aug. 28

Month

Day

Age -

Years

Months 6

Days 19

Sex Female

Color or
Race

White

Birth-
place

Wilmington, Del.

Occupation

Child

Where Residing if not
at place of death

Wilmington, Del.

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Albert Clayton

Father's
Birthplace

Philadelphia

Mother's
Maiden Name

Vivian E. Letzinger

Mother's
Birthplace

Penn

Name of person giving
In formation

Albert Clayton

How related
to deceased

Father

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary

Acute gastro-enteritis

How long

3 days

Immediate

Convulsion

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. W. Brown, M.D.

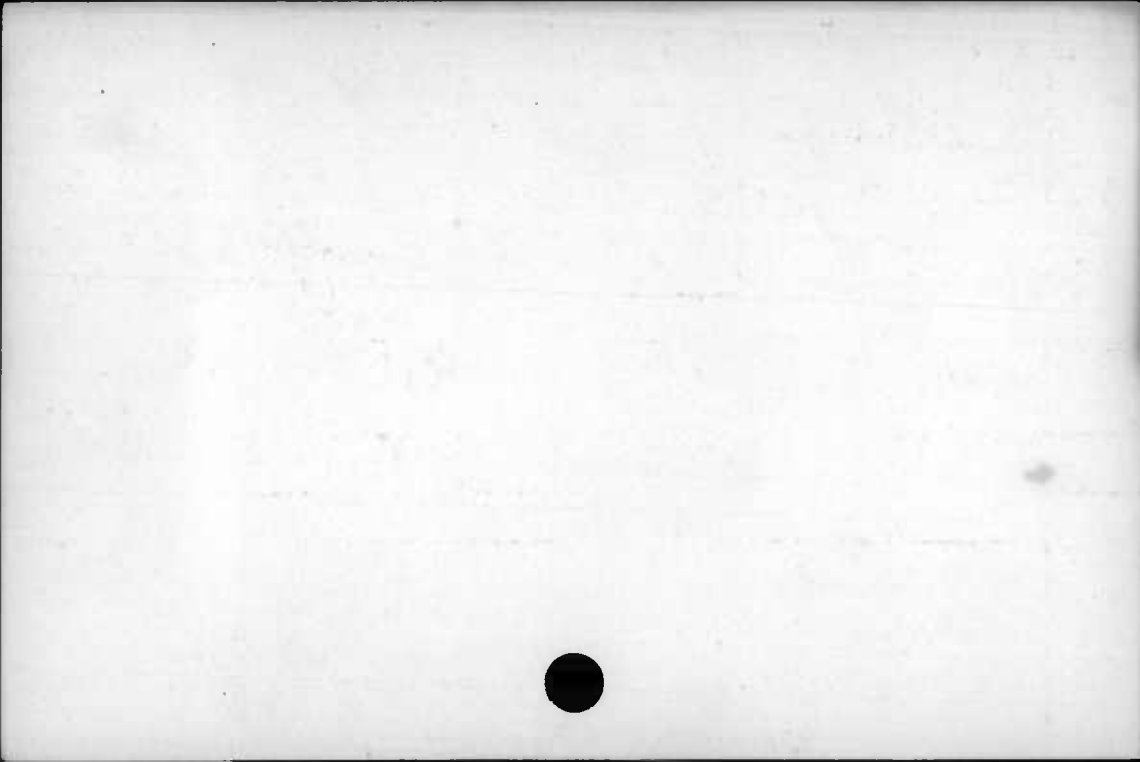
Address

Hillsboro,

Md.

Accident or Suicide?

No



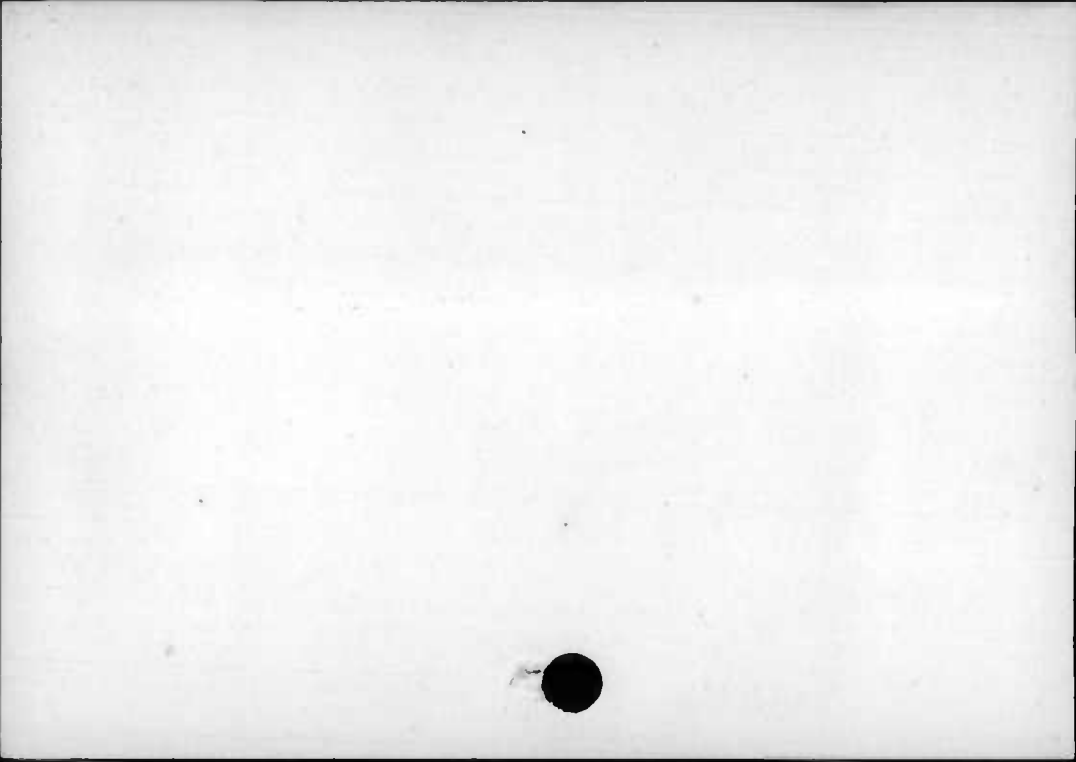
Aunie L B G m

CERTIFICATE OF DEATH

Died at <i>Precursor</i>		Town <i>Precursor</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Aug</i>		Day <i>6</i>		Age <i>Years</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Delaware</i>			
Occupation <i>House wife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

Primary <i>Dysentery</i>	<i>14</i>	How long <i>One week</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. Faldsbrook</i>	
	Address <i>Precursor, Md.</i>	
Accident or Suicide?		



Name
in
Full

Thomas H. Conroy -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Greensboro ^{Town} Caroline ^{County} MARYLAND

Date of death 1907 ^{Month} 8 ^{Day} 8 ^{Years} 73 ^{Months} 10 ^{Days} 29

Sex male Color or Race White Birth-place Maryland

Occupation Retired farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Gehall

Father's Name John Conroy Father's Birthplace Maryland

Mother's Maiden Name Mary farman Mother's Birthplace Maryland

Name of person giving information Elizabeth Conroy How related to deceased wife

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary Diabetes Mellitus How long several years

Immediate Dysentery How long 12 Days

Are the name, age, sex, color, date and place correctly given above?

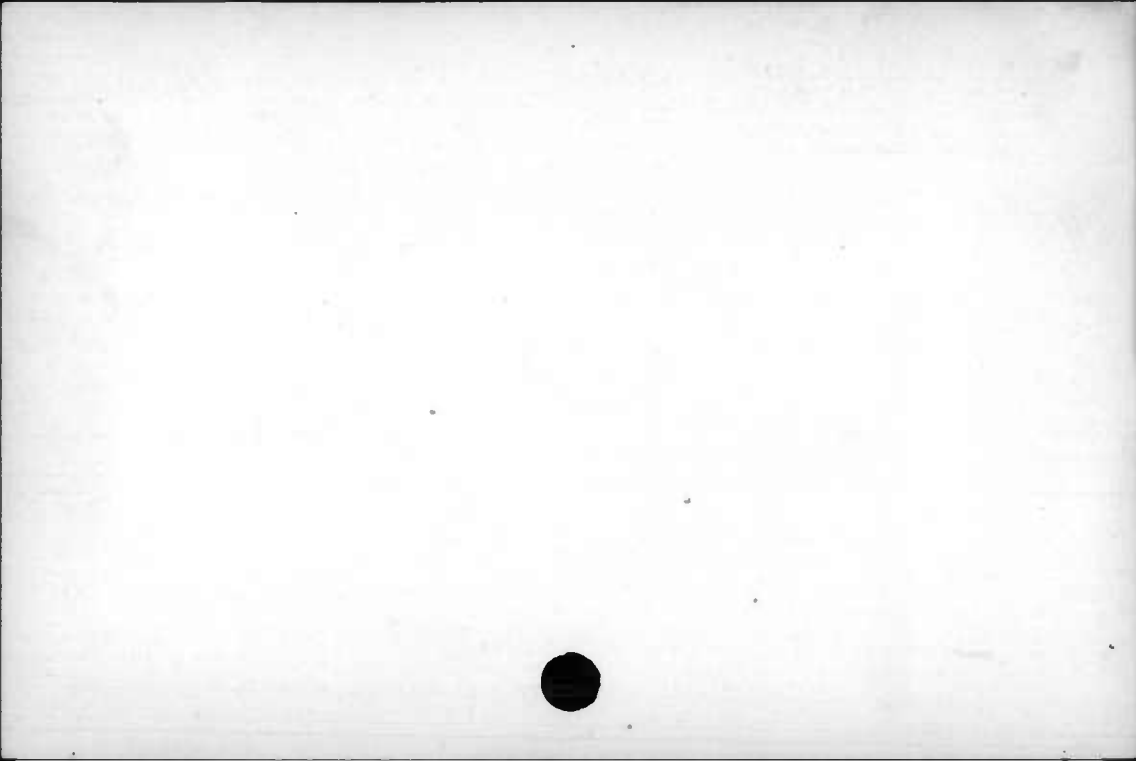
Yes

Signature of Physician

Address

Geo. W. Betton M.D.
Greensboro
MD

Accident or Suicide?



Name
in
Full

William H. Deweese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> <small>Town</small>		County		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>Aug</u> <small>Day</small> <u>11</u> <small>Age</small> <u>1</u> <small>Years</small> <u>1</u> <small>Months</small> <u>3</u> <small>Days</small> <u>3</u>	Sex <u>Male</u>		Color or Race <u>White</u>	Birth-place <u>Denton</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>William H. Deweese</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Natella Powell Owens</u>			Mother's Birthplace <u>Del.</u>		
Name of person giving information <u>Mrs Owens</u>			How related to deceased <u>Grand-mother</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Cholera infantum</u>	How long <u>8 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G. W. Summors</u>
	Address <u>Denton, Ind.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

John Drmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Denton Town

Caroline County

Date
of death 1907

Month 8

Day 10

Age 52 Years

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Md.

Occupation

Farmer

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
Husband

Sarah Denton

Father's
Name

Isaac Drmes

Father's
Birthplace

Kentucky

Mother's
Maiden Name

Harriet Drmes

Mother's
Birthplace

Kentucky

Name of person giving
In formation

H. M. Happle

How related
to deceased

Son-in-law

CAUSES OF DEATH

120

Primary

Bright's Disease

How long

6 mos.

Immediate

Heart Failure

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

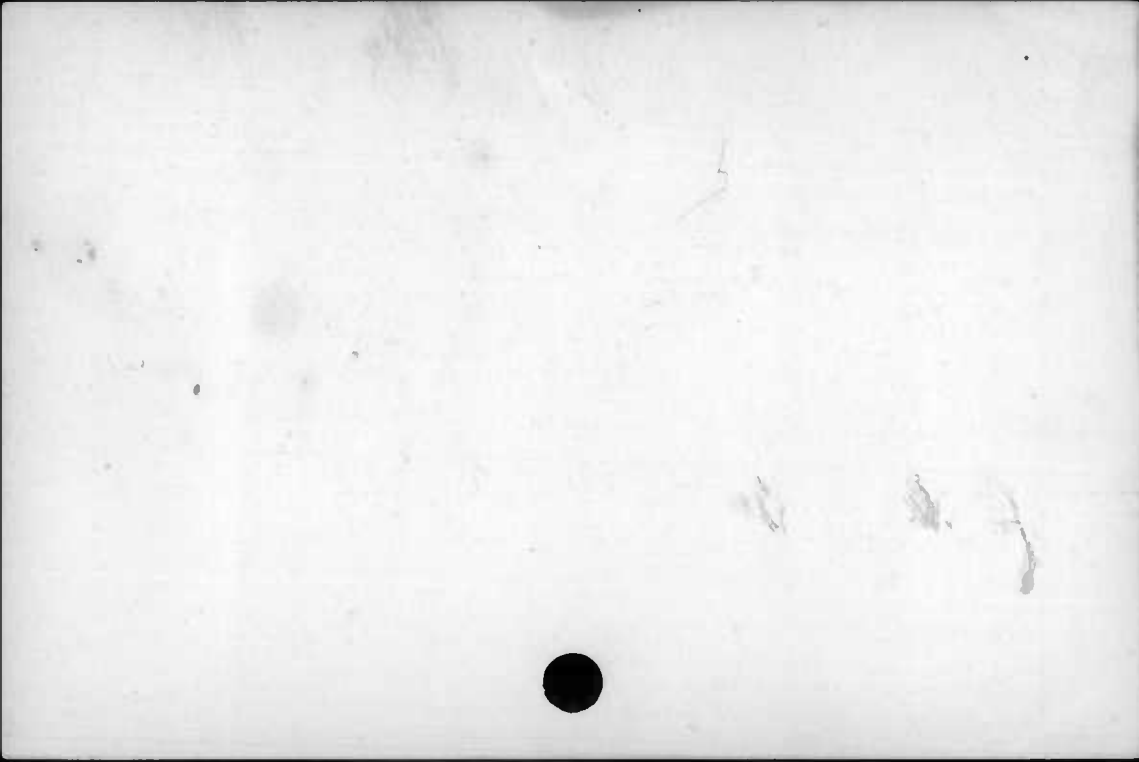
Signature of
Physician

J. N. Mohr

Address

Denton Md

Accident or Suicide?



Name
in
Full

Henry Duffey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hillsboro</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1907	Month <i>Aug</i>	Day <i>11</i>	Age <i>70</i>	Months <i>11</i> Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>		
Occupation <i>Sungist</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Katherine See</i>				
Father's Name <i>Roger Duffey</i>	Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>Elinore C O'Neil</i>	Mother's Birthplace <i>Pa.</i>				
Name of person giving information <i>A. L. Duffey</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

(81)

PHYSICIAN
OR CORONER

Primary <i>Arterio-sclerosis</i>	How long <i>Second year</i>
Immediate <i>Paralysis (transient)</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. B. Row, M.D.</i>
	Address <i>Hillsboro, Me</i>
Accident or Suicide? <i>No</i>	



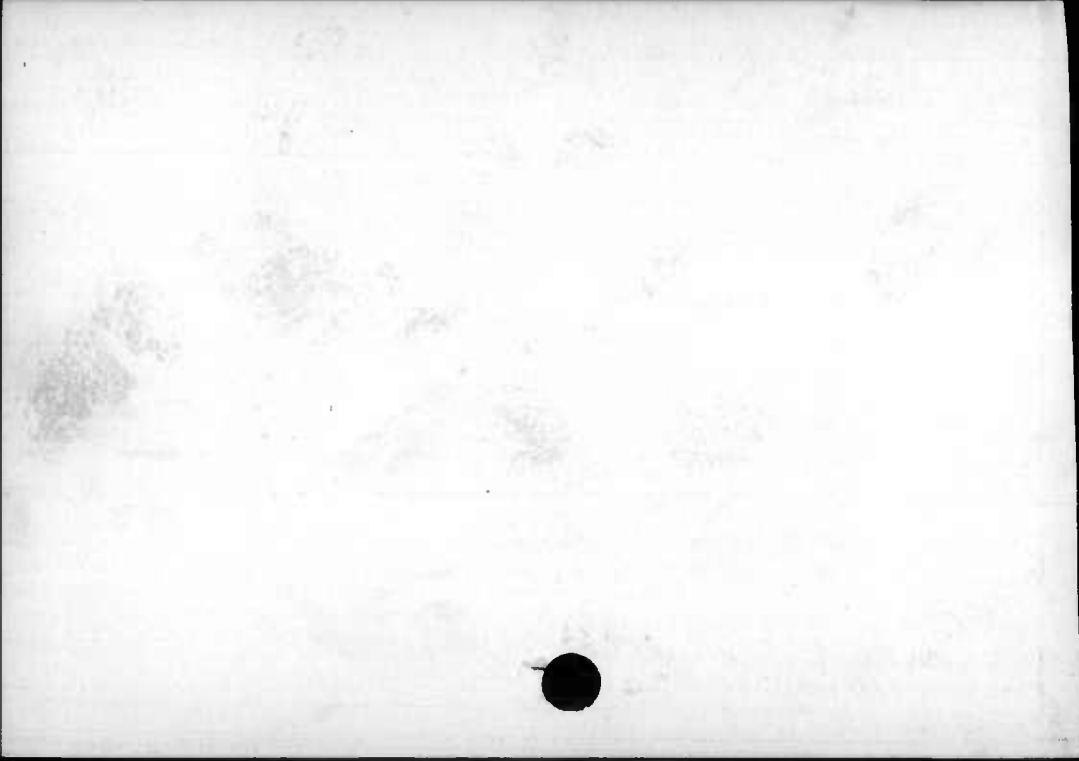
William Dukes

CERTIFICATE OF DEATH

Died at <u>Goldboro</u>		Town		<u>Caroline</u>		County		MARYLAND			
Date of death <u>1907</u>		Month <u>Aug.</u>		Day <u>4</u>		Age <u>59</u>		Months <u>3</u>		Days <u>16</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth Place <u>Caroline Co Md</u>							
Occupation <u>Farmer</u>				Where Residing if not at place of death							
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Jane Jayders.</u>									
Father's Name <u>Jessie Dukes</u>		Father's Birthplace <u>Caroline Co Md</u>									
Mother's Maiden Name <u>Maryah. Poor</u>		Mother's Birthplace <u>Delaware</u>									
Name of person giving information <u>George Dukes</u>		How related to deceased <u>Brother</u>									

CAUSES OF DEATH

Primary		(106)	
Immediate <u>Cholera Morbus.</u>		How long <u>2-4 hrs</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>F. Simon</u>	
		Address <u>Goldboro Md</u>	
Accident or Suicide?			



Charles Howard Faulkner

CERTIFICATE OF DEATH

Died at *Marydel* Town *Caroline* County
 Date of death *1907* *aug* Month *30* Day *—* Age *—* Years *3* Months *—* Days
 Sex *male* Color or Race *white* Birth-place *Marydel*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *Alfred Faulkner*
 Father's Name *Alfred Faulkner* Father's Birthplace *Maryland*
 Mother's Maiden Name *Imma Swift* Mother's Birthplace *Maryland*
 Name of person giving information *Alfred Faulkner* How related to deceased *father*

CAUSES OF DEATH

Primary *acut. illn. erithis* *105*
 Immediate *Heart failure* *One week.*
 Are the name, age, sex, color, date and place correctly given above? *yes*

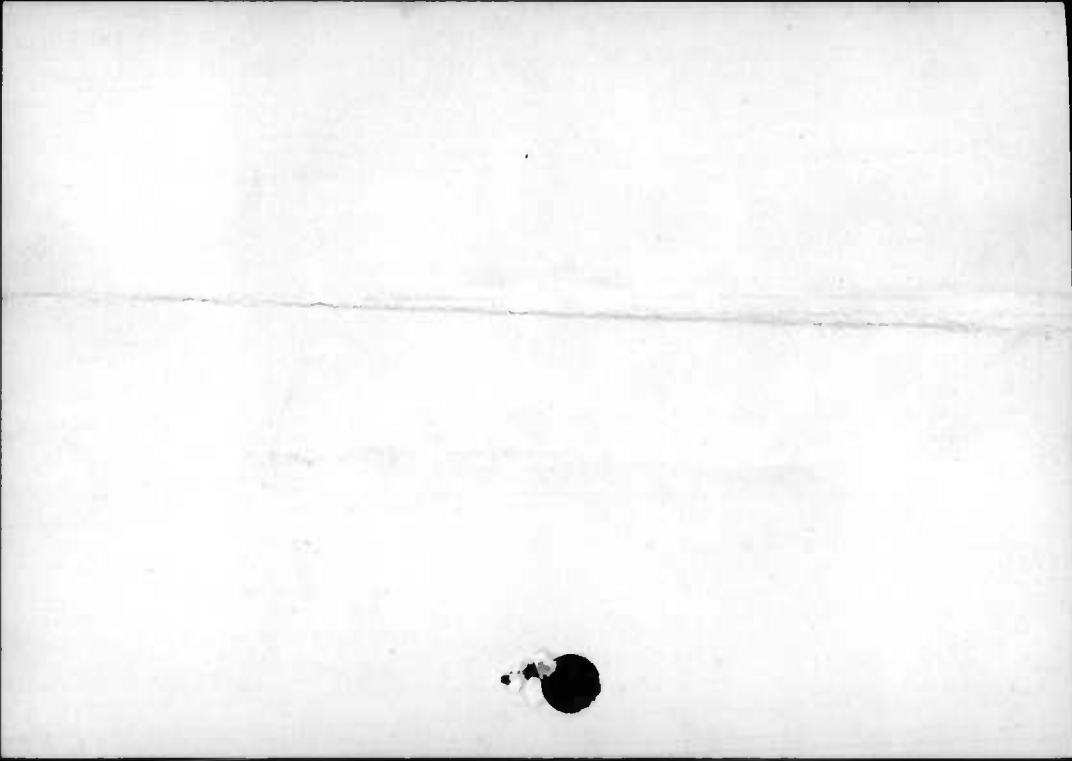
Signature of Physician

H. E. Evans

Address

Marydel, Md.

Accident or Suicide? *—*



Name
in
Full

Florence Virginia Foster,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

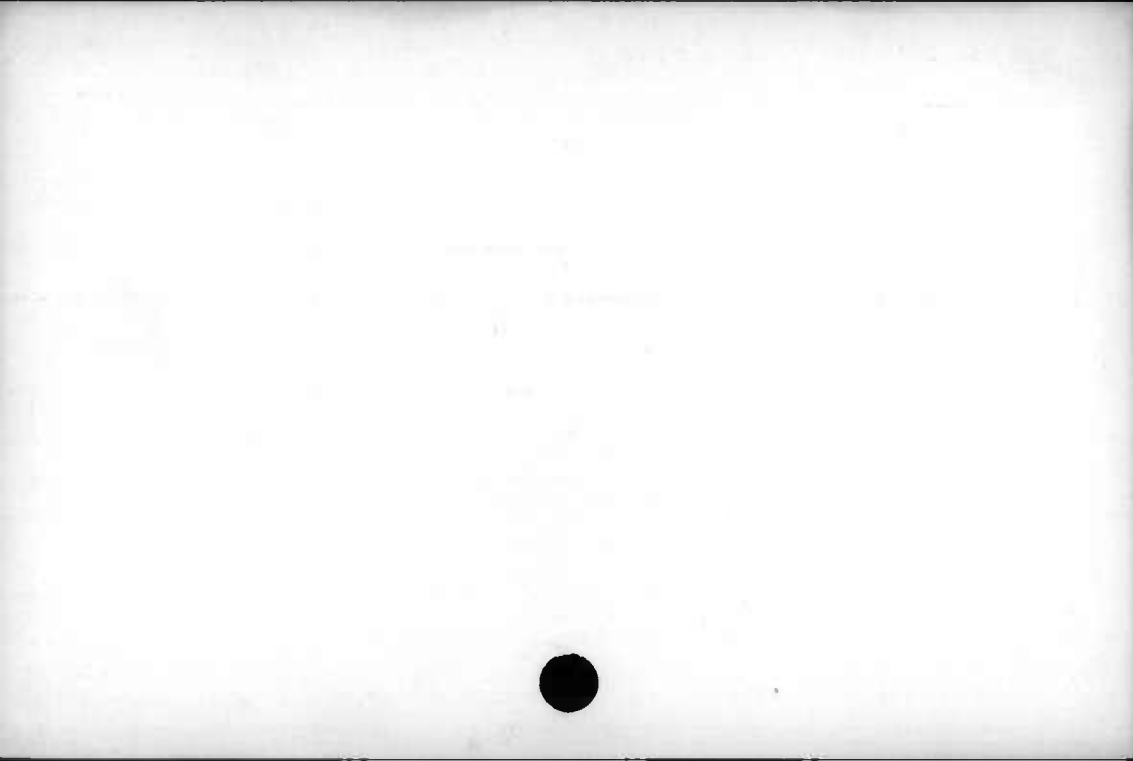
Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Date of death		Month <i>Aug</i>	Day <i>4</i>	Age <i>19</i>	Months	Days <i>19</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Id.</i>			
Occupation <i>Had none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>David Foster</i>		Father's Birthplace <i>Id.</i>					
Mother's Maiden Name <i>Fannie Meredith</i>		Mother's Birthplace <i>Id.</i>					
Name of person giving Information <i>David Foster</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long <i>only 4 years.</i>
Immediate	<i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. S. Stone, M.D.</i>
		Address <i>Ridgely Md</i>
Accident or Suicide? <i>Q</i>		



Name
in
Full

Ernest Glencorbin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New Bethlehem		County Caroline		MARYLAND	
Date of death		190	Month Aug	Day 4	Age 76	Years 76	Months 2
Sex Male		Color or Race White		Birth- place Germany			
Occupation Farmer		Where Residing if not at place of death New Bethlehem					
Married, Single or Widowed Widower		Name of Wife or Husband Emma J. Javille					
Father's Name Not known		Father's Birthplace Germany					
Mother's Maiden Name Not known		Mother's Birthplace Germany					
Name of person giving In formation Mrs Jennie Cordner		How related to deceased —					

CAUSES OF DEATH

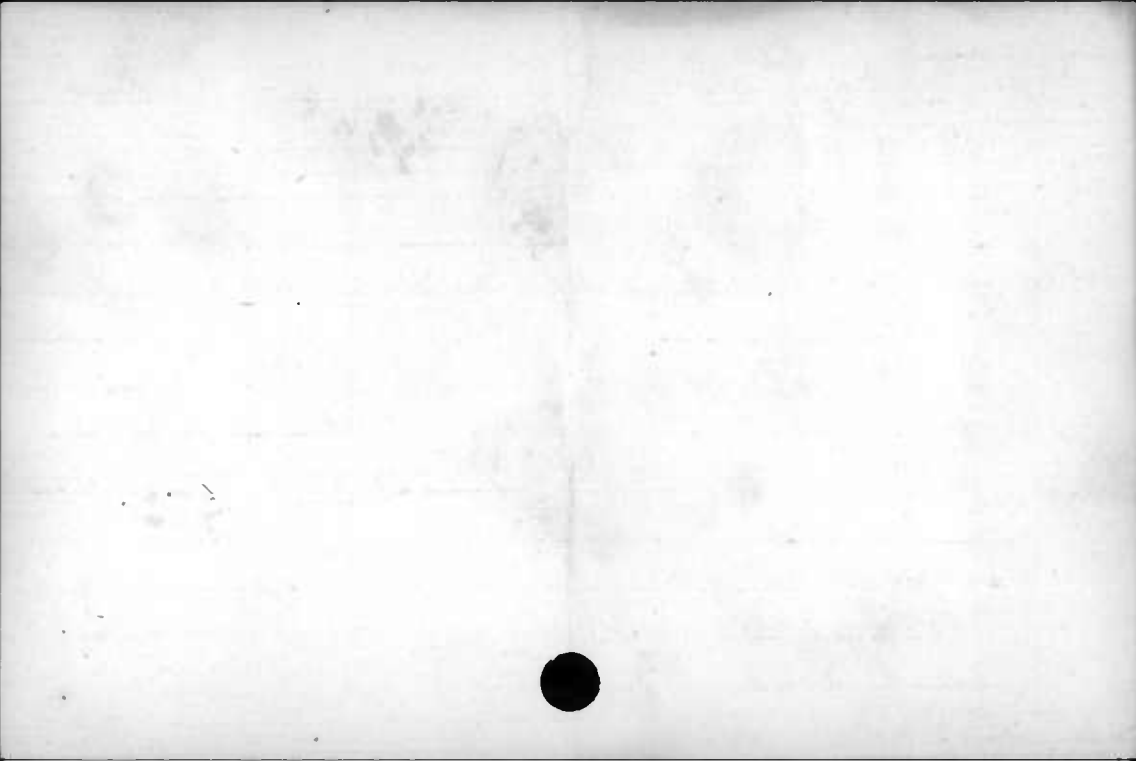
120

PHYSICIAN
OR CORONER

Primary	Chronic Bright's	How long	
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Raymond Owen	
		Address	
Accident or Suicide?			



Name in Full		Martha E. Hulme				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at near Goldstown		County Burlington		MARYLAND	
		Date of death 1907	Month 8	Day 25	Age Years	Months 11	Days
		Sex Female		Color or Race White		Birth-place Maryland	
		Occupation None		Where Residing if not at place of death			
		Married, Single or Widowed Single		Name of Wife or Husband None			
		Father's Name Charles E. Hulme		Father's Birthplace Md.			
Mother's Maiden Name Maria Bright-		Mother's Birthplace Md.					
Name of person giving information Charles E. Hulme		How related to deceased Father					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Hysterical Adipical food				How long	
		Immediate Cholera Infantum				How long 2 Days	
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Geo. H. B. Dine M.D.			
				Address Goldstown Md			
Accident or Suicide?							



Name
in
Full

Irwin

CERTIFICATE OF DEATH

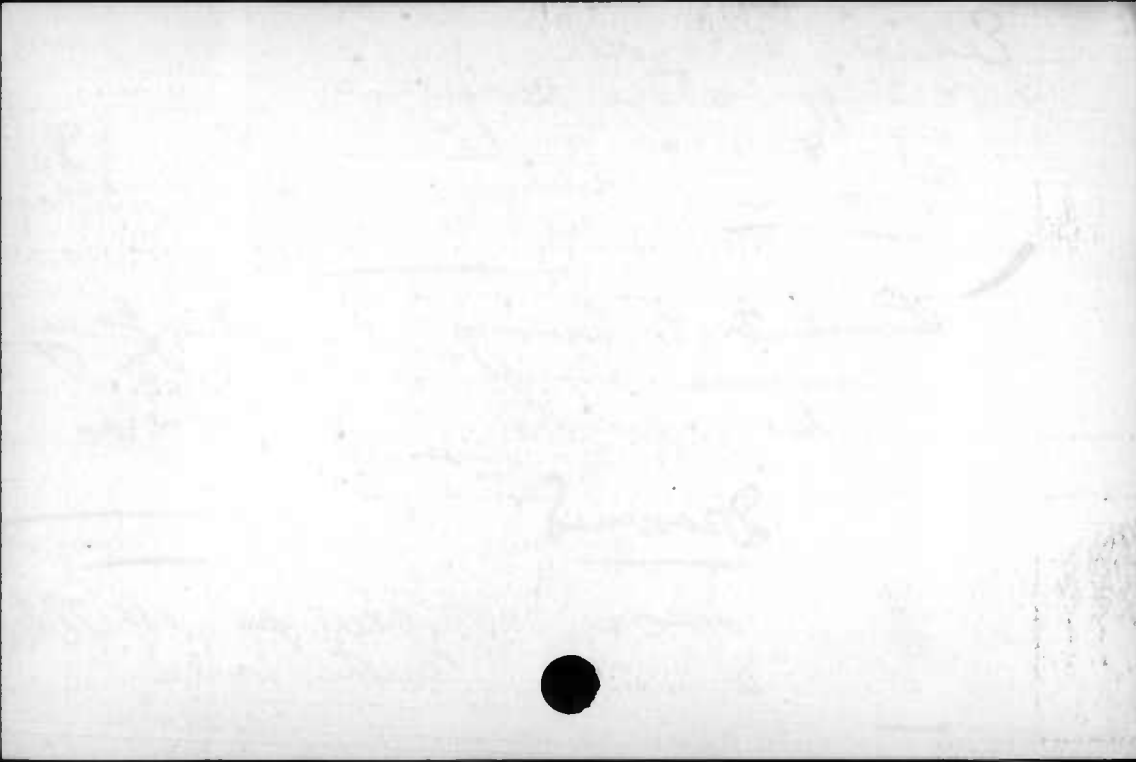
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		August	28	Age	-	-	
Sex		Color or Race		Birth-place			
Male				Denton Md			
Occupation		None		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John Irwin		(S)		Father's Birthplace	
Mother's Maiden Name		Elizabeth Carter				Mother's Birthplace	
Name of person giving information		John Irwin				How related to deceased	
						Father	

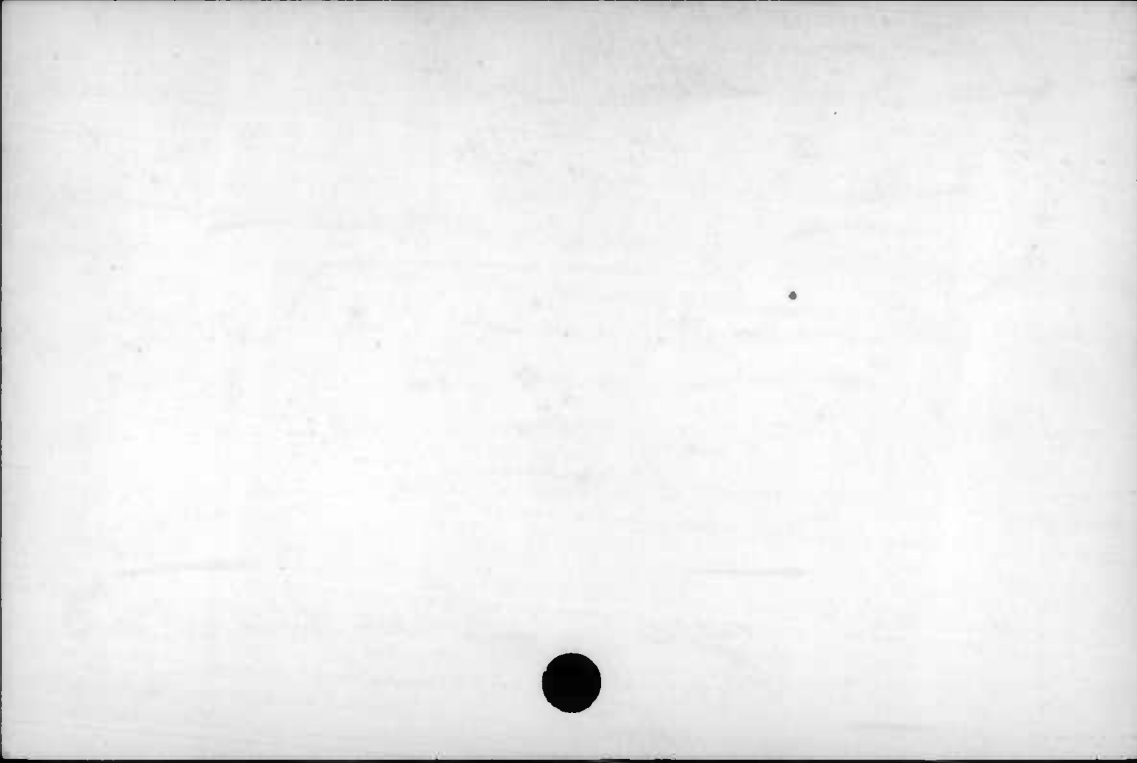
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	-
Immediate		How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Enoch Long M.D.	
		Address	
		Denton Caroline County Maryland	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Elsie Ivins		Town New Griffins Store		County Coraline		MARYLAND	
	Date of death		Month 7	Day 8	Age 15	Years 5	Months 2	Days 7
	Sex Female		Color or Race White		Birth- place Queen Anne Co.			
	Occupation None		Where Residing if not at place of death					
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name Lambert R. Ivins		Father's Birthplace New Jersey					
PHYSICIAN OR CORONER	Mother's Maiden Name Emma Slaughter		Mother's Birthplace Md.					
	Name of person giving Information A. W. Ivins		How related to deceased uncle					
	CAUSES OF DEATH							
	Primary Drowned		How long 172					
PHYSICIAN OR CORONER	Immediate		How long					
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Robley Hackitt Queen Anne Md.					
	Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death 190

Month

8

Day

14

Years

9

Months

4

Days

11

Sex

Male

Color or
Race

White

Birth-
place

Ind.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Lambert R. Luins

Father's
Birthplace

New Jersey

Mother's
Maiden Name

Emma Plough

Mother's
Birthplace

Ind.

Name of person giving
Information

A. W. Luins

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Drowned

How long

172

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

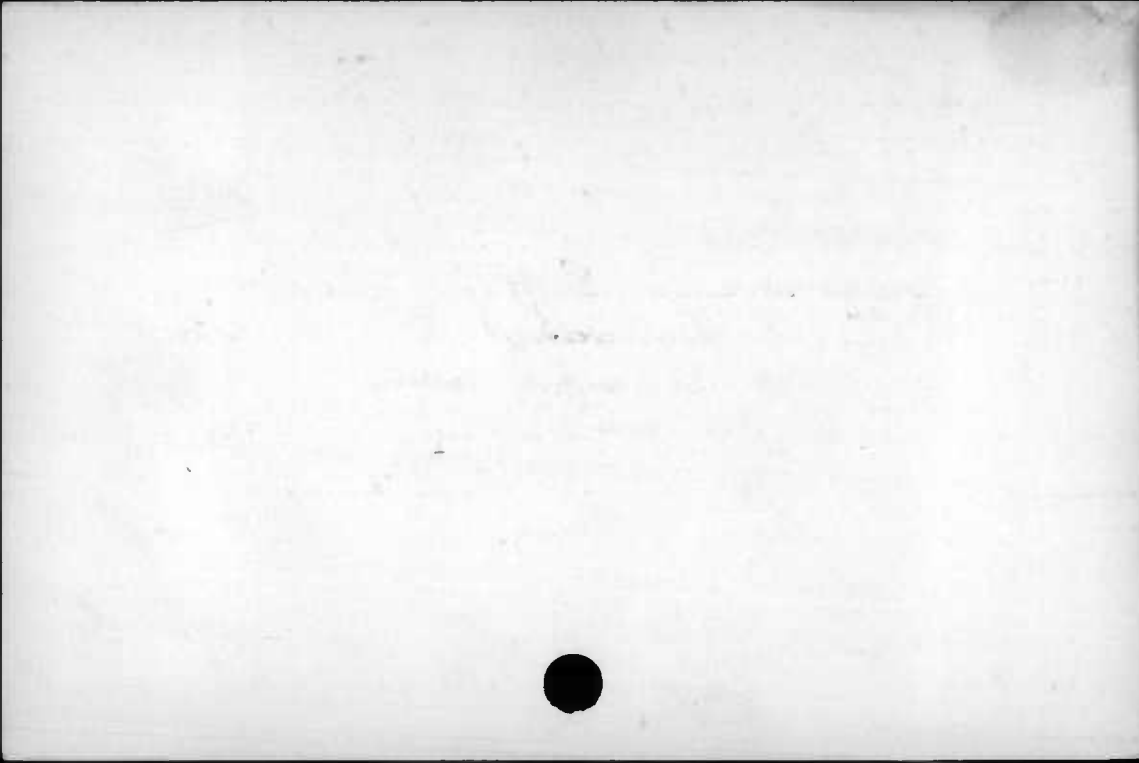
yes

Signature of
Physician

Address

Rohley Hackett, M.D.
Lafayette Avenue
Ind.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

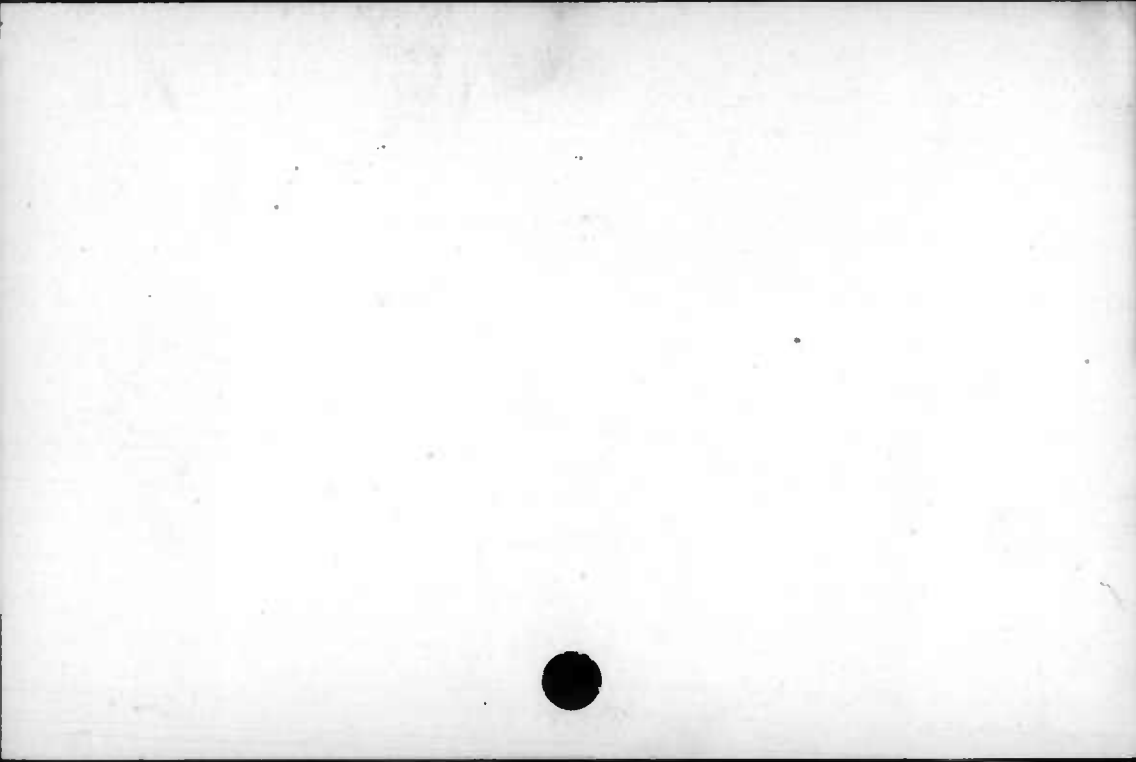
Name in Full <i>Nathan M. Jassman</i>		Town <i>Dorchester</i>		County <i>Caroline</i>		STATE <i>MARYLAND</i>	
Died at <i>Dorchester</i>		Month <i>8</i>		Day <i>26</i>		Age <i>49</i>	
Date of death <i>1907</i>		Months <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Race</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emma Dean</i>					
Father's Name <i>Wm J. Jassman</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Louisa Jassman</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>C. H. Butchett</i>		How related to deceased <i>Not related</i>					

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 Weeks</i>
Immediate <i>Race</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. R. Fisher</i>
	Address <i>Dorchester</i>
Accident or Suicide? <i>No</i>	<i>MD</i>



Name in Full		Clarence Conrad Jester				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Federalsburg</i>		Town <i>Caroline</i>		MARYLAND	
		Date of death <i>1907 Aug 13</i>		Month <i>Aug</i> Day <i>13</i>		Age <i>6</i> Years <i>6</i> Months <i>6</i> Days	
		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Balto. Md.</i>	
		Occupation <i>_____</i>		Where Residing if not at place of death <i>_____</i>			
		Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>_____</i>			
		Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Walter Jester</i>		How related to deceased <i>adopted father</i>					
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <i>Colitis</i>		How long <i>105</i>		How long <i>1 week</i>	
		Immediate					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. Kump Jefferson</i>		Address <i>Federalsburg Md</i>	
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ivyle May Johnson

MARYLAND

Died at *Greenboro* TownCounty *Caroline*Date of death *1907* Month *Aug* Day *21* Age *22* Years Months *—* Days *26*Sex *Female* Color or Race *Negro* Birth-place *Maryland*Occupation *House wife* Where Residing if not at place of death *Greenboro*Married, Single or Widowed *Married* Name of Wife or Husband *Jas. E. Johnson*Father's Name *Calvin Hopler* Father's Birthplace *Delaware*Mother's Maiden Name *Sant Kum* Mother's Birthplace *—*Name of person giving information *Jas. E. Johnson* How related to deceased *Husband*

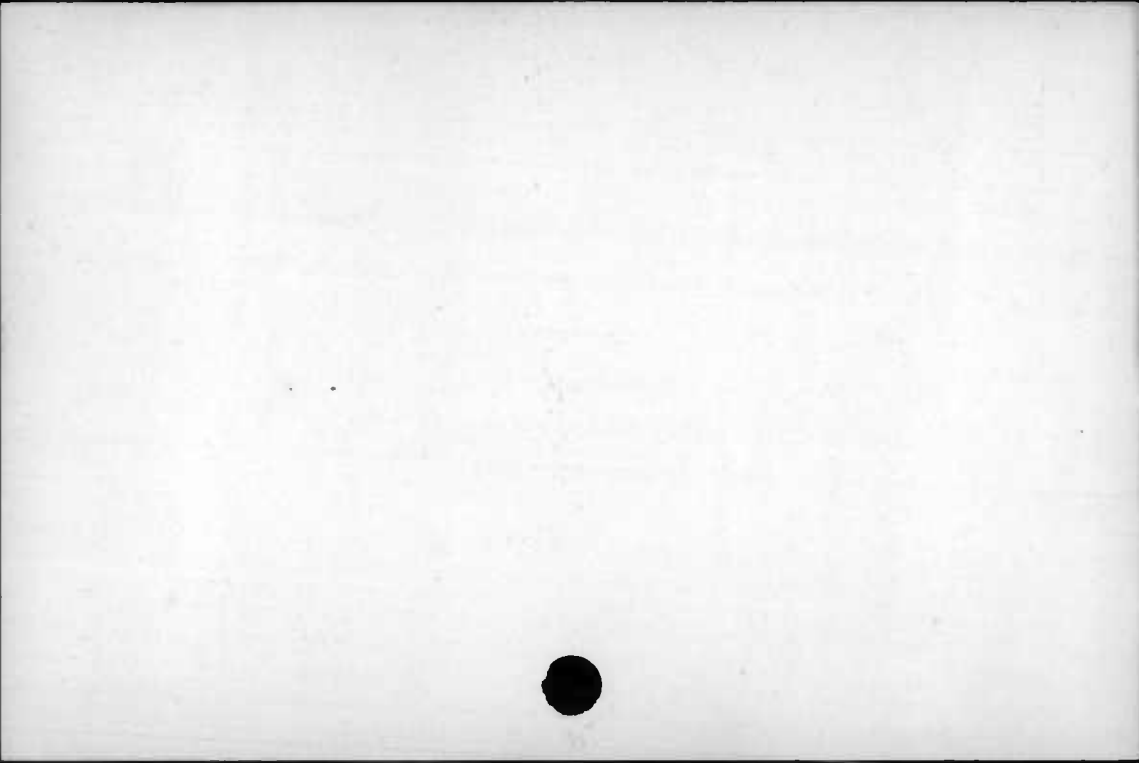
CAUSES OF DEATH

Primary *Tuberculosis* *(27)* How long *Two years*Immediate *"*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. W. Folds*Address *Greenboro, Mel.*

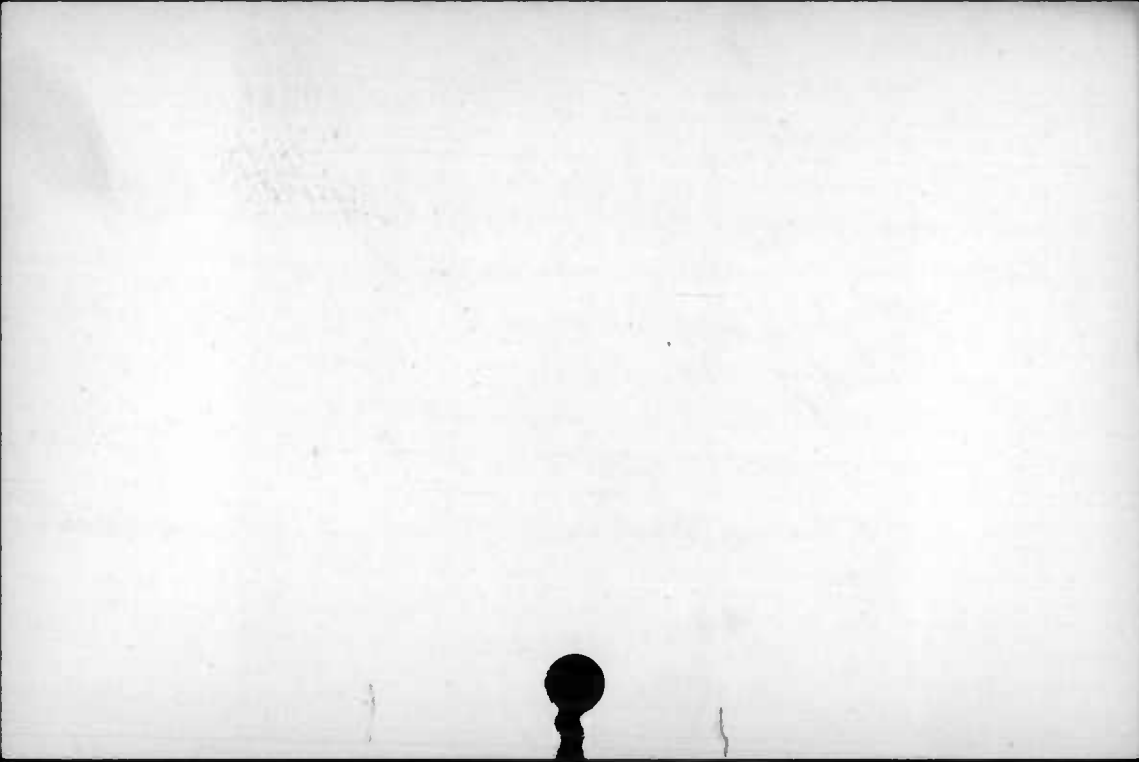
Accident or Suicide?



Name in Full Florence Jones		Town Greenboro		County Caroline		CERTIFICATE OF DEATH	
Died near Greenboro				MARYLAND			
Date of death 1907		Month Aug.		Day 18		Age 18	
Sex Female		Color or Race White		Birth-place Maryland.			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name J. Frank Jones		Father's Birthplace Ind.					
Mother's Maiden Name Ruth Johnson		Mother's Birthplace Del.					
Name of person giving information J. F. Jones		How related to deceased Father					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH					
Primary Typhoid Fever		How long 4 weeks					
Immediate Exhaustion		How long 1 day					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician D. B. Malone					
		Address Greenboro					
Accident or Suicide?							



Name in Full		Rush - James -						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Greensboro			County Carroll			MARYLAND	
	Date of death	1907	Month Aug	Day 21	Age 39	Years	Months	Days	
	Sex	Female			Color or Race	White		Birth-place	Ind.
	Occupation	Housewife			Where Residing if not at place of death				
	Married, Single or Widowed	Married			Name of Wife or Husband J. Francis James -				
	Father's Name	Kirk Johnson -					Father's Birthplace	Ind.	
	Mother's Maiden Name	Martha Johnson -					Mother's Birthplace	Ind.	
Name of person giving information	Husband -					How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(1)</div>									
PHYSICIAN OR CORONER	Primary	Typhoid Fever -					How long	4 weeks	
	Immediate	Hemorrhage -					How long	3 weeks -	
	Are the name, age, sex, color, date and place correctly given above?	yes -					Signature of Physician	J. R. Malone	
							Address	Greensboro Ind.	
Accident or Suicide?									



Name
in
Full

Mildred L. Luskford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

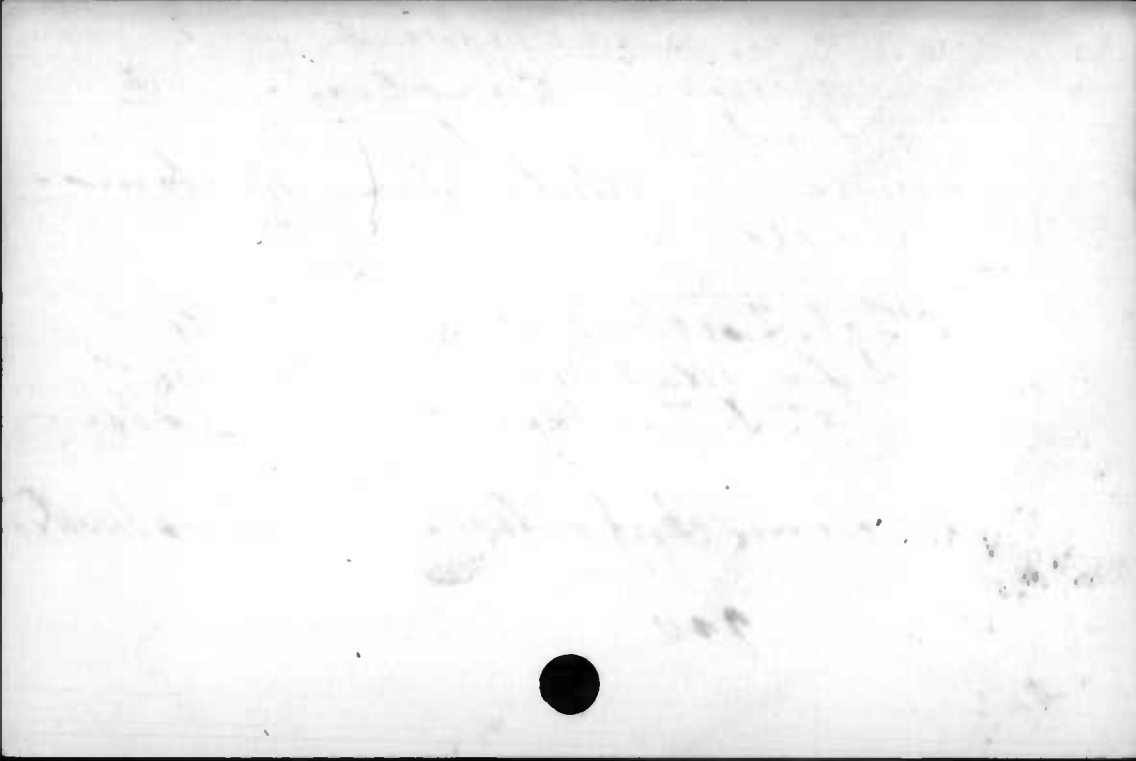
Died at		Town Hickman		County Caroline		MARYLAND	
Date of death		Month August	Day 8	Age 1	Years 2	Months 4	Days H
Sex Female		Color or Race White		Birth- place Hickman			
Occupation None		Where residing if not at place of death					
Married Single or Widowed		Name of Wife or Husband					
Father's Name Wm J. Luskford		Father's Birthplace W. S.					
Mother's Maiden Name Ida Melvin		Mother's Birthplace W. S.					
Name of person giving information Wm J. Luskford		How related to deceased Father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	Two Weeks
Immediate	Misadventure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
720		G. W. Ammerman	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

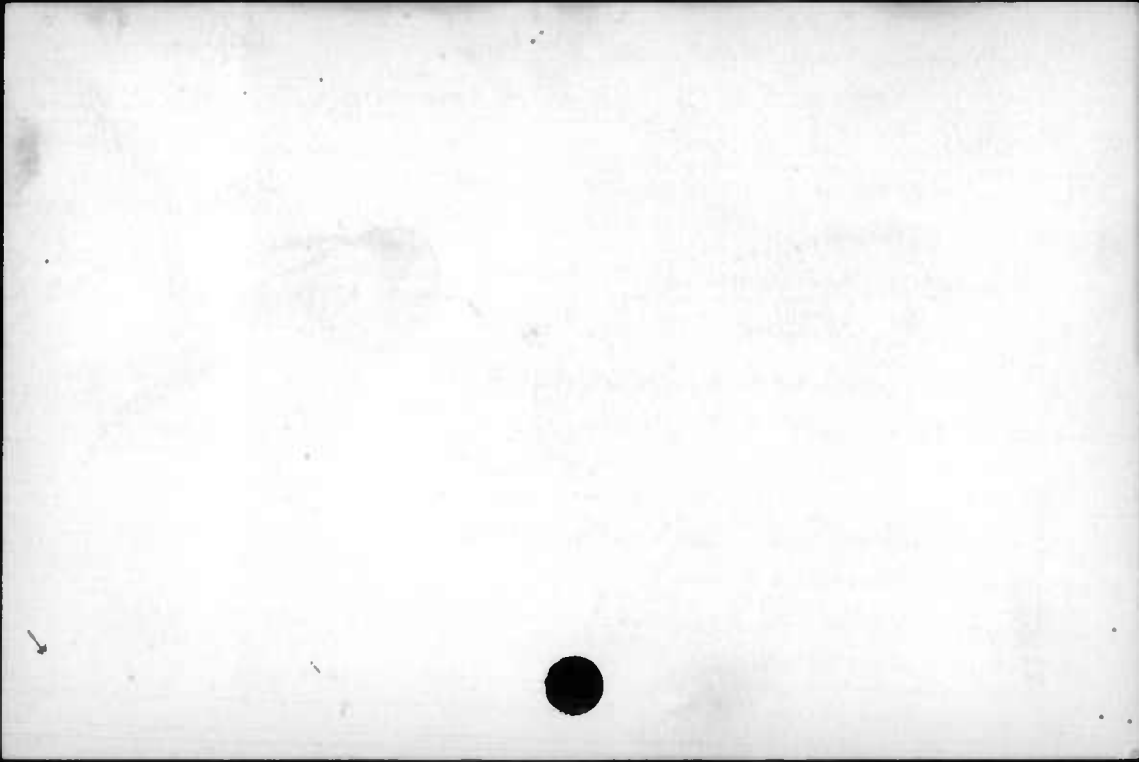
Died at <i>Hable</i> ^{Town}		<i>Chesapeake</i> ^{County}		MARYLAND	
Date of death 190	<i>7</i> ^{Month}	<i>8</i> ^{Day}	Age <i>27</i> ^{Years}	<i>1</i> ^{Months}	<i>2</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>William Long</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Maudie Spencer</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>John Long</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Choked by food</i>	How long <i>Four weeks</i>
Immediate <i>same</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. R. J. [illegible]</i>
	Address <i>W. [illegible]</i>
Accident or Suicide? <i>—</i>	<i>[illegible]</i>



Name
in
Full

James Oscar Manship

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

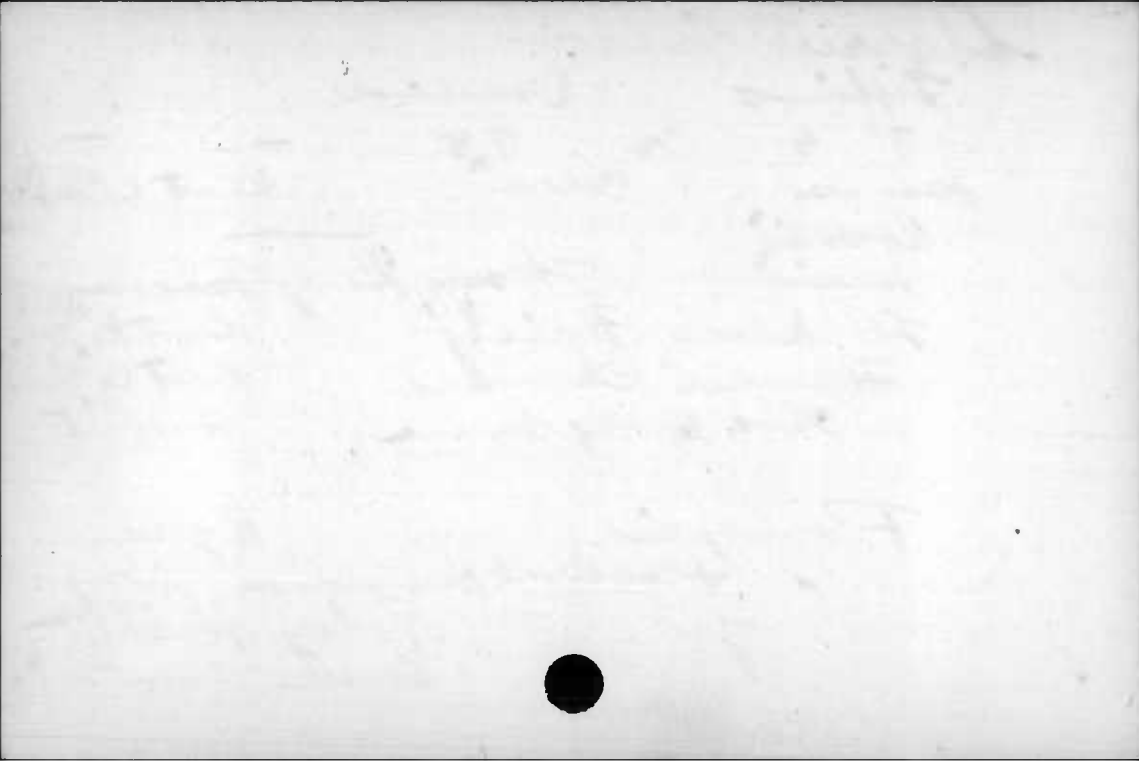
Died at		Town Greenwich		County Surrey		MARYLAND	
Date of death	1907	Month Aug.	Day 25	Age	Years	Months 9	Days
Sex	Male		Color or Race	White		Birth-place	N.Y.
Occupation	Infant		Where Residing if not at place of death		Greenwich N.Y.		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Wm Manship				Father's Birthplace	N.D.	
Mother's Maiden Name	Hannah May				Mother's Birthplace	N.Y.	
Name of person giving information	Frank Manship				How related to deceased	Uncle	

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	Hydrocephalus		How long	Brief	
Immediate	Meningitis & Indigestion		How long	2 weeks	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
		Address		Greenwich - Conn.	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lippins</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	1907	Month	8	Day	2
Age	78	Years	78	Months	—
Sex	Female	Color or Race	Colored	Birth-place	Kent co Md.
Occupation	<i>Domestic</i>		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Thomas Henry Mason</i>		
Father's Name	<i>Horkless Frisby</i>		Father's Birthplace	<i>Kent co Md.</i>	
Mother's Maiden Name	<i>Frankie Chambers</i>		Mother's Birthplace	<i>Kent co Md.</i>	
Name of person giving information	<i>Thos. Henry Mason</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>11 yrs</i>
Immediate	<i>" Cerebral Hemorrhage</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Robley Hackitt</i>
		Address	<i>Lucy Anne Md.</i>
Accident or Suicide?	<i>no</i>		

Burrill Aug H at Bill Chapp

with L

Name
in
Full

Mildred

Morrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

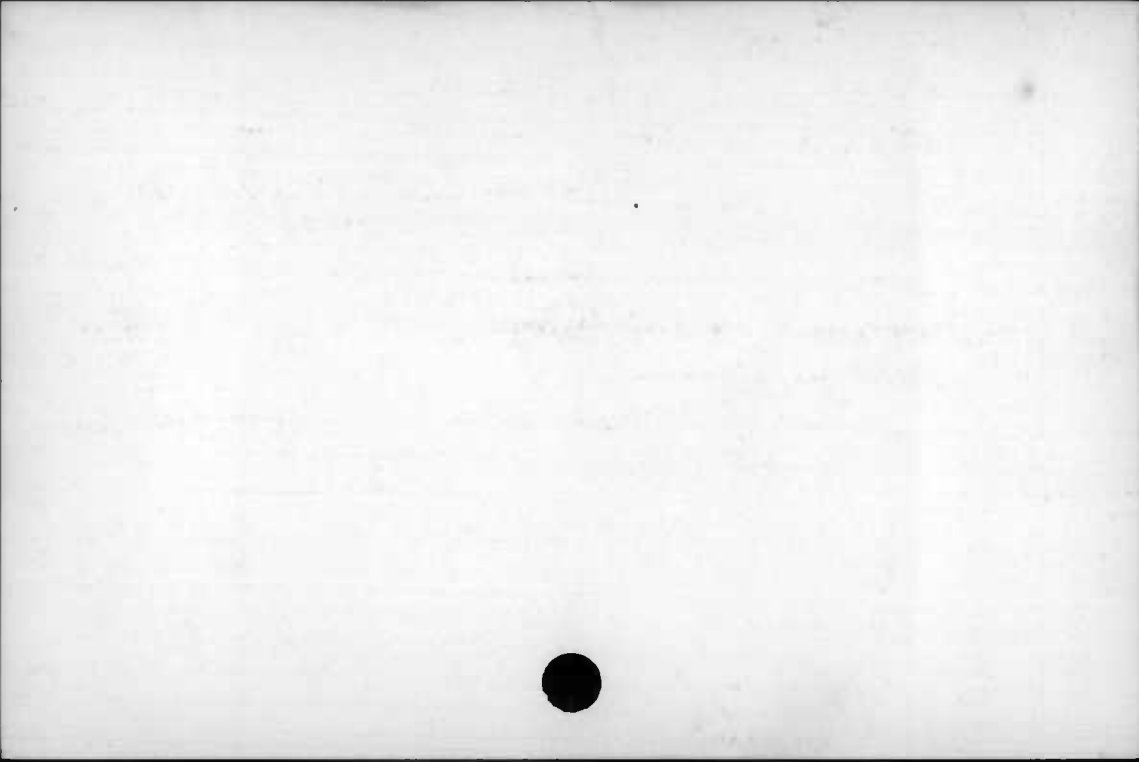
Died at <u>Drutem</u> <small>Town</small>			<u>Caroline</u> <small>County</small>			MARYLAND		
Date of death <u>1907</u>		<u>8</u> <small>Month</small>	<u>6</u> <small>Day</small>	<u>—</u> <small>Years</small>	<u>10</u> <small>Months</small>	<u>—</u> <small>Days</small>		
Sex <u>Female</u>		Color or Race <u>Black</u>			Birth-place <u>Drutem Md</u>			
Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>				
Married, Single <u>—</u> or Widowed				Name of Wife or Husband <u>—</u>				
Father's Name <u>E. Edward Morrow</u>				Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>Mary Morrow</u>				Mother's Birthplace <u>W. Va.</u>				
Name of person giving information <u>Mary Morrow</u>				How related to deceased <u>Mother</u>				

CAUSES OF DEATH

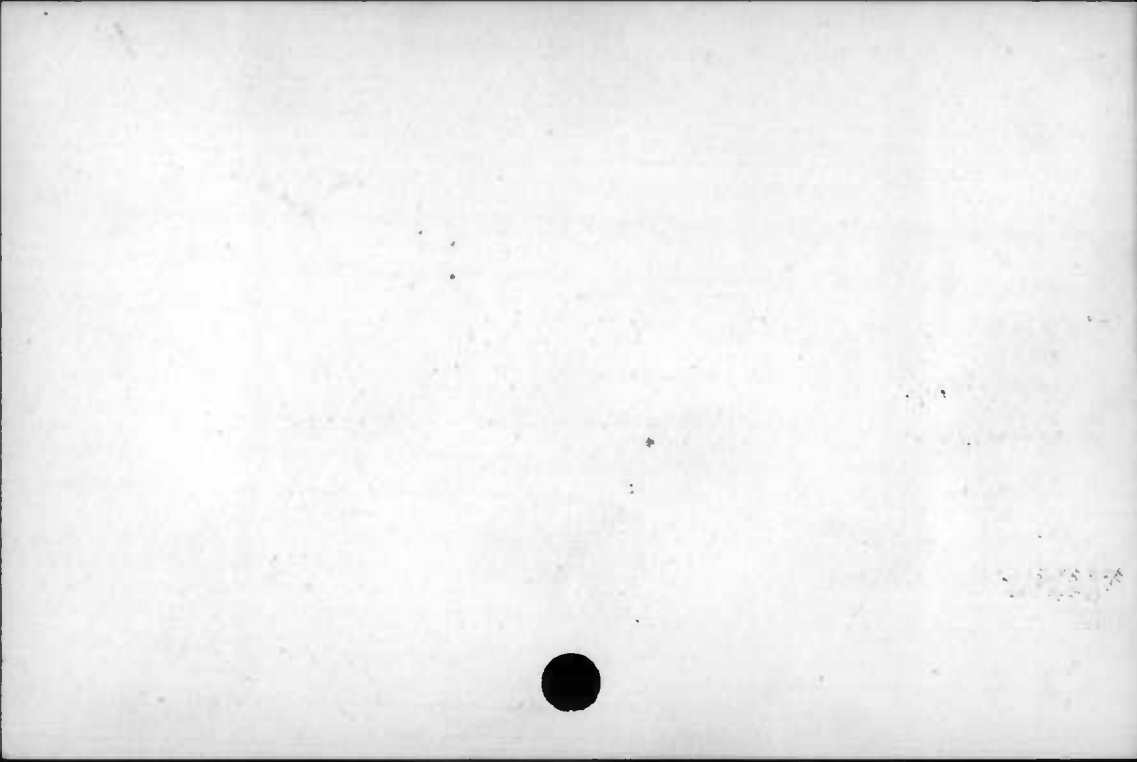
105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infusion</u>	How long <u>2 weeks</u>
Immediate	<u>Cholera Infusion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>[Signature]</u>
		Address <u>Drutem Md.</u>
Accident or Suicide? <u>—</u>		



Name in Full		Earle Neighbors				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Denton</u>		Town		<u>Carroll</u>		County
	Date of death 1907		8	Month	12	Day	Age —
	Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Denton</u>		Months <u>3</u> Days <u>—</u>
	Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>				
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>Roland Mery Libby</u>		Father's Birthplace <u>Denton</u>		Mother's Birthplace <u>Denton</u>		
	Mother's Maiden Name <u>Sela Ewing</u>		How related to deceased <u>Father</u>		Name of person giving information <u>Roland Neighbors</u>		
CAUSES OF DEATH							(105)
PHYSICIAN OR CORONER	Primary <u>Cholera Infantum</u>		How long <u>2 weeks</u>				
	Immediate <u>Exhaustion</u>		How long <u>—</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>—</u>		Signature of Physician <u>J. H. McComb</u>				
			Address <u>Denton Md</u>				
	Accident or Suicide? <u>—</u>						



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Greensboro</u>				<u>Caroline</u>		MARYLAND			
		Date of death <u>1907</u>		Month <u>Aug</u>	Day <u>31</u>	Age <u>38</u>	Years <u>38</u>		Months <u>—</u>	Days <u>—</u>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Del.</u>					
		Occupation <u>Housewife</u>				Where Residing if not at place of death <u>—</u>					
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Johny Nichols</u>							
		Father's Name <u>Alfred Price</u>				Father's Birthplace <u>Del.</u>					
		Mother's Maiden Name <u>Irving</u>				Mother's Birthplace <u>Del.</u>					
		Name of person giving information <u>Ch Price</u>				How related to deceased <u>—</u>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">43</div>											
PHYSICIAN OR CORONER		Primary <u>Breast Cancer</u>				How long <u>12 weeks</u>					
		Immediate <u>Cancer of Intestine</u>				How long <u>2 weeks</u>					
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>J. R. [Signature]</u>					
						Address <u>Greensboro</u>					
		Accident or Suicide? <u>—</u>									



Name
in
Full

Samuel F Nichols

CERTIFICATE OF DEATH

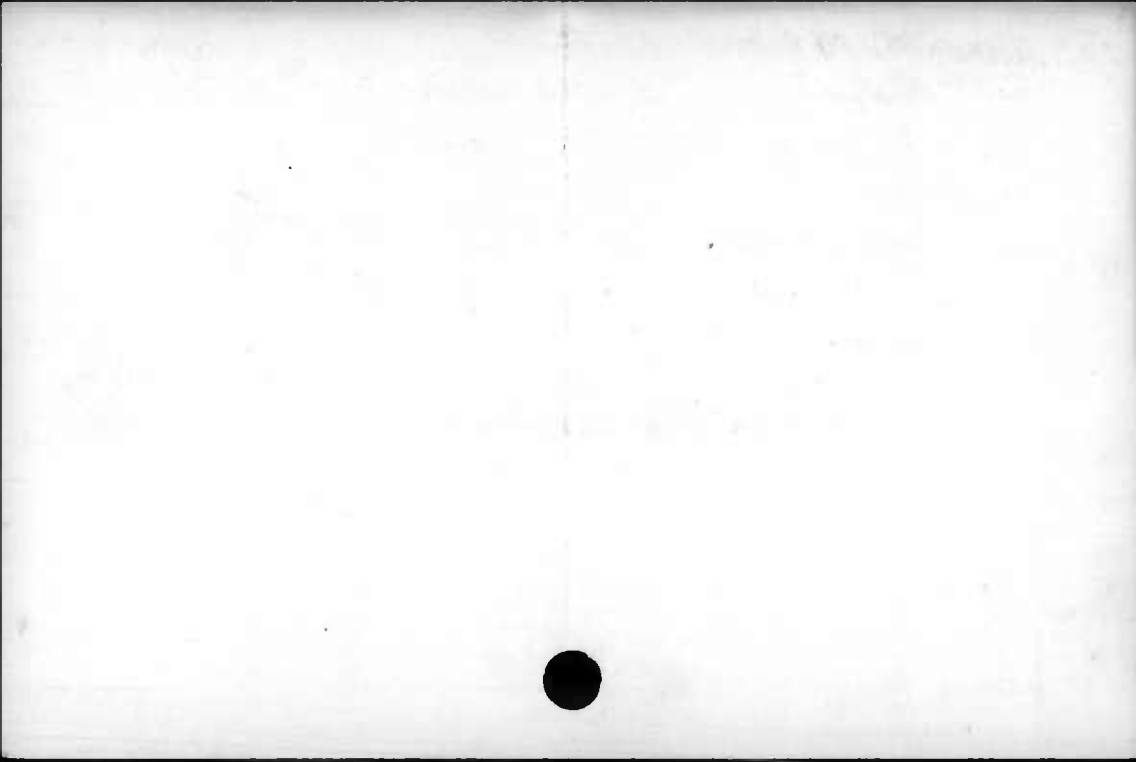
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lynson</i> Town		County <i>Caroline</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>5</i>	Age <i>3-2</i>	Years Months Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>carpenter</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Annie Nichols</i>				
Father's Name <i>Samuel Nichols</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Mollie Nichols</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Robert Nichols</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's</i>	<i>120</i>	How long <i>2 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. H. Jefferson</i>	
	Address <i>Federalburg md</i>	
Accident or Suicide?		



Name
in
Full

Aurrie Rebecca Pritchett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>aug</i>	Day	<i>18</i>
Age		<i>7 weeks</i>		Years	
Sex	<i>female</i>	Color or Race	<i>colored</i>	Birth-place	<i>Ridgely</i>
Occupation	<i>infant</i>		Where Residing if not at place of death <i>Ridgely</i>		
Married, Single or Widowed	<input checked="" type="checkbox"/> Married		Name of Wife or Husband <i>X</i>		
Father's Name	<i>Maack Pritchett</i>			Father's Birthplace	<i>Ridgely</i>
Mother's Maiden Name	<i>Gusta Thomas</i>			Mother's Birthplace	<i>Ridgely</i>
Name of person giving information	<i>Maack Pritchett father</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

100

PHYSICIAN
OR CORONER

Primary	<i>Thrush</i>	How long	<i>two weeks</i>
Immediate	<i>Heart failure</i>	How long	<i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. M. Richards</i>	
		Address <i>Ridgely Md.</i>	
Accident or Suicide?			

To be hurried at
Jump town
Jens

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Annie Robinson</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		STATE <i>MARYLAND</i>	
Date of death	1907	Month <i>August</i>	Day <i>21</i>	Age	Years	Months <i>25</i>	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth place <i>md.</i>		Where Residing if not at place of death <i>md.</i>		
Occupation <i>Infant</i>	Married, Single or Widowed <i>single</i>		Name of Wife or Husband				
Father's Name <i>George Robinson</i>	Father's Birthplace <i>md.</i>		Mother's Maiden Name <i>Alice LeGater</i>				
Name of person giving information <i>father</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

100

PHYSICIAN
OR CORONER

Primary <i>Thrush</i>	How long <i>4 weeks</i>
Immediate <i>Heart failure</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. M. Rickard</i>
	Address <i>Ridgely, md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Hillsboro</i>		County <i>Caroline</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
<i>1907</i>	<i>8</i>	<i>8</i>	<i>1</i>	<i>4</i>	<i>11</i>
Sex	Color or Race		Birth-place		
<i>Male</i>	<i>Black</i>		<i>Caroline Co.</i>		
Occupation			Where Residing if not at place of death		
<i>Chile</i>			<i>—</i>		
Married, Single or Widowed		Name of Wife or Husband			
<i>—</i>		<i>—</i>			
Father's Name			Father's Birthplace		
<i>Wm Conley Scott</i>			<i>Ida</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Laura Hines</i>			<i>Ida</i>		
Name of person giving information			How related to deceased		
<i>Conley Scott</i>			<i>Father</i>		

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>1 month</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. H. T. B. Rowland</i>	
		Address	
		<i>Hillsboro,</i>	
Accident or Suicide?			
<i>No</i>		<i>Yes</i>	



Name
in
Full

Earle Dipple

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Whitelyship Town Kent County MARYLAND

Date of death 190 7 Month 8 Day 8 Age 42 Years Months Days

Sex Male Color or Race White Birth-place Del.

Occupation Infant Where Residing if not at place of death do

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Edward Dipple Father's Birthplace md.

Mother's Maiden Name Emma Dill Mother's Birthplace md.

Name of person giving information Edward Dipple How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping Cough How long 3 weeks

Immediate Cop. Bronchitis How long 4 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. M. Malone

Address Freemans

Accident or Suicide? no

Name

in
Full

CERTIFICATE OF DEATH

Charles Frances Smith

Died at ^{Town} Andersentown ^{County} Caroline

MARYLAND

Date of death 1907 ^{Month} Aug. ^{Day} 30 ^{Age} 73 ^{Years} 7 ^{Months} 18 ^{Days}Sex ~~Male~~ ^{Female} Color or Race White Birth-place Md.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Susanna Smith

Father's Name

Charles Smith

Father's Birthplace

Md.

Mother's Maiden Name

Arietta Douglas

Mother's Birthplace

Md.

Name of person giving Information

Otho Smith

How related to deceased

Son

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Indefinite

Immediate

Suffocation

How long

Are the name, age, sex, color, date and place correctly given above?

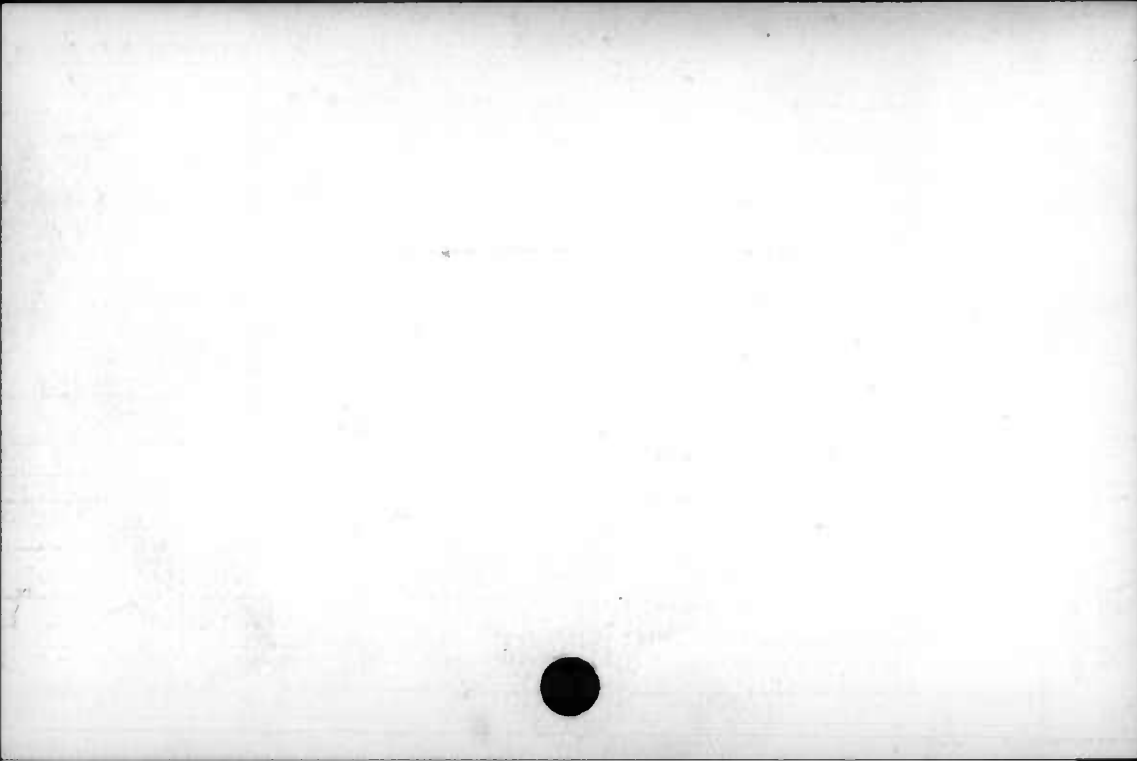
Signature of Physician

Address

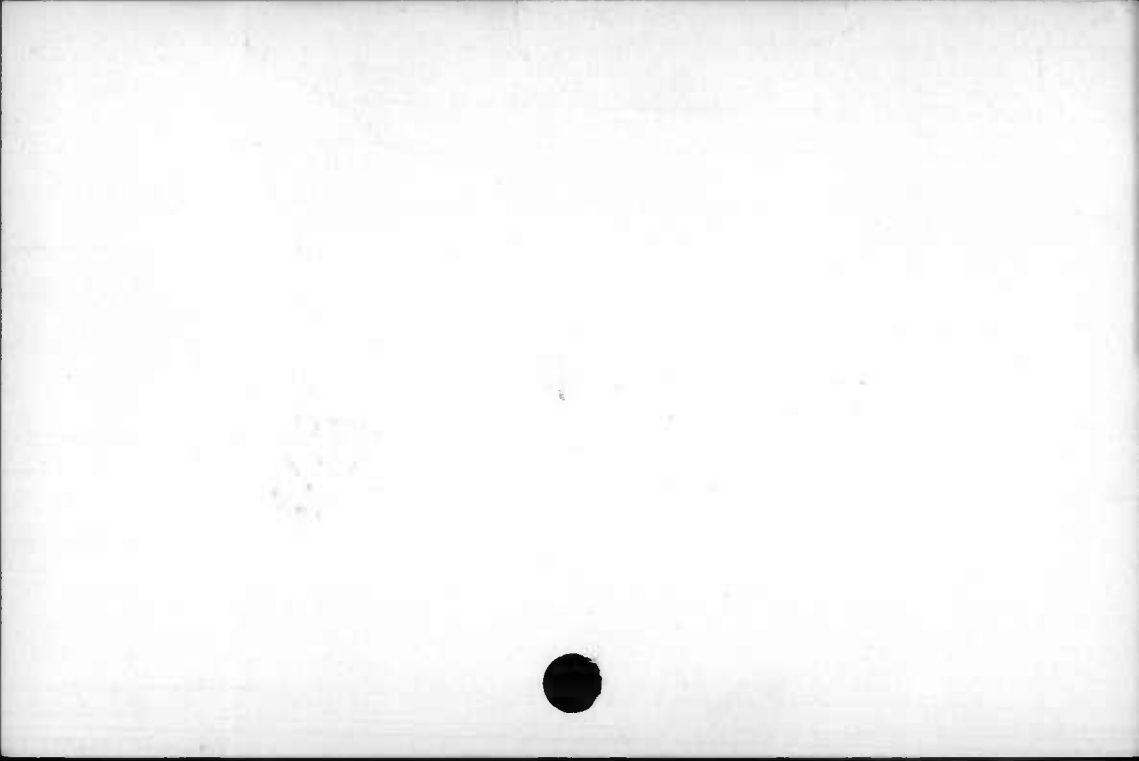
Jas. H. Ward
Hobbs
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Alfred Stanley						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Preston			County			MARYLAND	
	Date of death	1907	Month	Aug	Day	13	Age	Years	Months
									Days
	Sex	male			Color or Race			Black	
	Occupation				Birth-place			Maryland	
					Where Residing if not at place of death				
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed				Name of Wife or Husband				
	Father's Name	Charles L. Stanley			Father's Birthplace			Maryland	
	Mother's Maiden Name	Mary E. Lake			Mother's Birthplace			Maryland	
	Name of person giving information	Charles L. Stanley			How related to deceased			Father	
	<div>CAUSES OF DEATH</div> <div>151</div>								
PHYSICIAN OR CORONER	Primary	Tubercular			How long				
	Immediate	Marasmus			How long			20 days	
	Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician			J. L. Hobbs	
					Address			Preston Md.	
	Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

Infant Child of James Williams

TO BE ANSWERED BY
NEAREST FRIEND

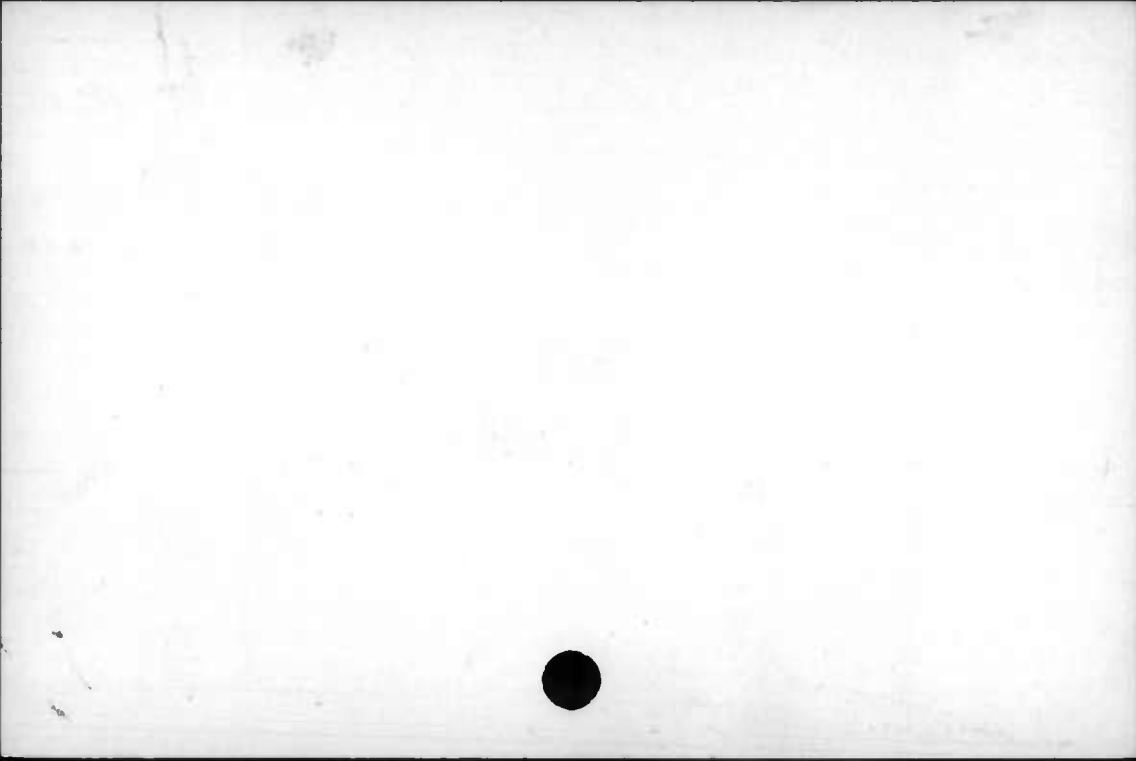
Died at <i>Hillsboro</i> Town		County <i>Caroline</i>		MARYLAND	
Date of death <i>1907</i> any		Month <i>any</i>		Day <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Caroline Co.</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Ed Williams</i>		Father's Birthplace <i>va</i>			
Mother's Maiden Name <i>Fannie Fisher</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Marcellus Brown</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Unknown Natural Cause</i>	How long	<i>Since birth</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. G. B. Brown, M.D.</i>	
		Address <i>Hillsboro</i>	
Accident or Suicide? <i>No</i>		<i>MA.</i>	



Name in Full		CERTIFICATE OF DEATH			
Not-Named		Willis		MARYLAND	
Died at		Town Near Denton		County Caroline	
Date of death		1907 Aug 7		Age —	
Sex Girl		Color or Race White		Birth- place Near Denton	
Occupation —		Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Charles Edward Willis		Father's Birthplace Md.			
Mother's Maiden Name Blanche Godwin		Mother's Birthplace "			
Name of person giving In formation C. E. Willis		How related to deceased Father			
CAUSES OF DEATH					
Primary Not Known		How long —			
Immediate Premature birth		How long —			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician G. W. Hammond			
		Address Denton			
Accident or Suicide? —		Md.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lizzie Ellen Wright*

Died *Hillaboro* ^{Town} *Caroline* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *8* ^{Day} *4th* Age ^{Years} *24* Months Days

Sex *Female* Color or Race *Black* Birth-place *Caroline Co.,*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Thomas Wright*

Father's Name *Thomas Chase* Father's Birthplace *Caroline Co.*

Mother's Maiden Name *Mary C. Smith* Mother's Birthplace *Caroline Co.*

Name of person giving information *Thos Chase* How related to deceased *Father*

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary *Septic Infection* How long *2 weeks*

Immediate *Peritonitis* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. W. B. Roberts, M.D.*

Address *Hillaboro,*

Accident or Suicide? *No* *mx*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

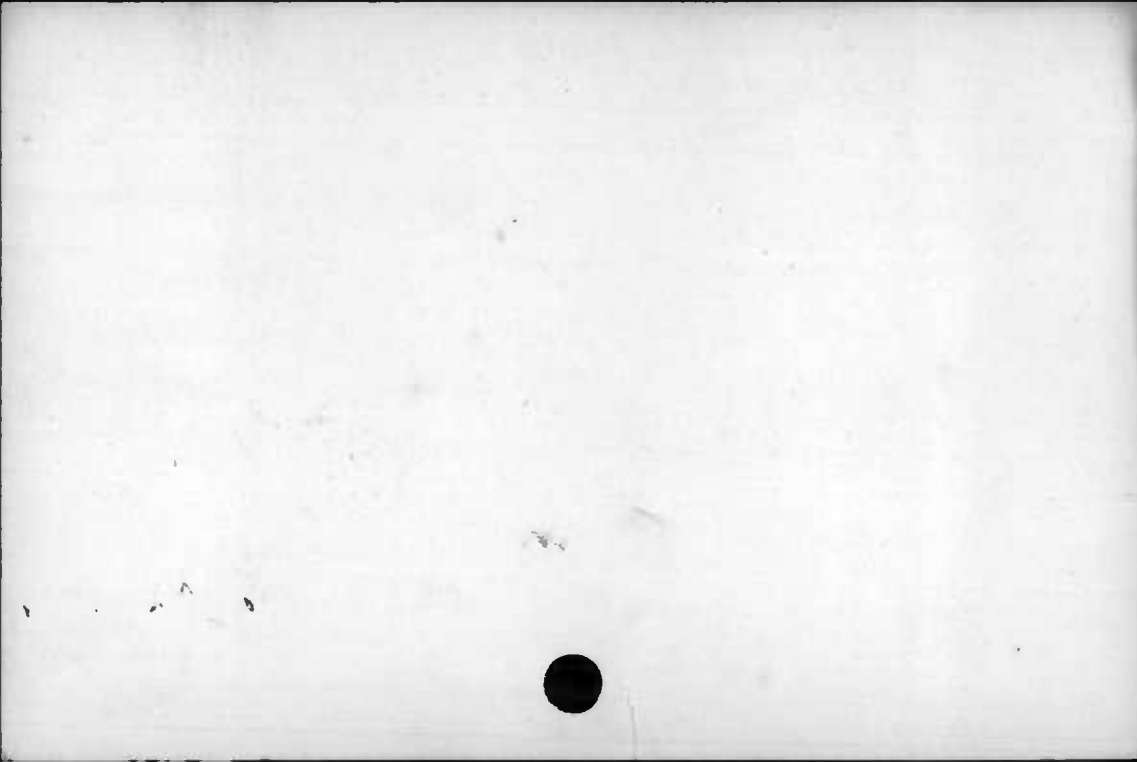
Died at Chaptau <small>Town</small> Croftine <small>County</small>		MARYLAND	
Date of death 1907 <small>Month</small> July <small>Day</small> 1 <small>Age</small> 1-0 <small>Years</small> 5 <small>Months</small> 6 <small>Days</small>	Sex Male	Color or Race White	Birth-place Md
Occupation School boy	Where Residing if not at place of death Chaptau		
Married, Single or Widowed Single	Name of Wife or Husband None		
Father's Name Samuel R. Wright	Father's Birthplace Md		
Mother's Maiden Name Margaret Foster	Mother's Birthplace Md		
Name of person giving information Samuel R. Wright	How related to deceased Father		

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary Appendicitis	How long 60 hours
Immediate General Peritonitis	How long 8 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Raymond Davis
	Address Postum
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> ^{Town}		<i>caroline</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>aug</i> ^{Month}	<i>29</i> ^{Day}	Age <i>—</i> ^{Years}	<i>4</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Girl</i>	Color or Race <i>colored</i>		Birth-place <i>Ridgely</i>		
Occupation <i>infant</i>			Where Residing if not at place of death <i>Ridgely</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Robert Young</i>			Father's Birthplace <i>Salbot</i>		
Mother's Maiden Name <i>Florence Hammond</i>			Mother's Birthplace <i>caroline</i>		
Name of person giving information <i>Robt Young</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>One week</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. Dickson</i>
	Address <i>Ridgely, Md.</i>
Accident or Suicide? <i>—</i>	

